# Edit/Audit Inquiry Results Edit-400 ESC-400

### **Edit Information**

Edit Number	400	esc Number	400	NCPDP Code	

Short Desc	Duplicate Rx Number/Different Drug Code		
Long Desc	Duplicate Rx Number/Different Drug Code		
	IT WAS DECIDED DURING REQUIREMENTS THAT THIS EDIT WAS REDUNDANT TO THE OTHER HISTORY EDITS AND NO LONGER NEEDED. For pharmacy payment requests, if the enrollee number, prescription number, date of service and quantity are the same, but the NDC code is different, then set the edit.		

## **General Indicators**

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	Н	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

## Claim Type

Dental	Pharmacy	Y	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Effective Date Code	Effective Date	Revision Date	
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Media	LOC	Disp	
Paper		OFF	
•		OFF	
EMC		OFF	
		OFF	
Adjustment		OFF	
		OFF	
POS		OFF	
Encounter		6	
Special Batch		OFF	
PA			
Drograma			
Programs			
(None)			
Exceptions			
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-401 ESC-401

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Edit Number	401	esc Number	401	NCPDP Code	78

Short Desc	Charges Exceed Maximum Allowance		
•	Charges Exceed Maximum Allowance - Submit on Paper for Individual Consideration		
	If the calculated allowed amount exceeds the maximum allowed amount on the Drug Benefit Master, set this edit.		

### General Indicators

Reject Ind		Deny Ind		Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind	Υ	Compound Ind	Υ
Туре	\$	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

## Claim Type

Dental	Pharmacy	Υ	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Effective Date Code	Effective Date	Revision Date
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Media	LOC	Disp	
Paper	407	PEND	
	407	PEND	
EMC	407	PEND	
	407	PEND	
Adjustment	407	PEND	
	407	PEND	
POS		DENY	
Encounter		2	
Special Batch	407	PEND	
PA			

## Programs

(None)

# Exceptions

None

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-402 ESC-402

## **Edit Information**

Edit Numb	er 402	esc Number	402	NCPDP Code	

Short Desc	Number of Days Exceed Medicare Allowable	
Long Desc	Number of Days Exceed Medicare Allowable	
Edit Criteria	For Title 18 (claim type 09): Part A and Part B crossover claims are submitted on the UB92 form and are identified by form XOVA. In this edit, form XOVA only pertains to part A, not part B.  1) If the provider class type = 27 (CS-SNF) and the from date of service year <= 89 and the payment request's coverage code = A (form XOVA) and the days stay > 45, set this edit.  2) For provider class types 06 (SNF-MH), 10 (SNF-Non-MH), 11 (SNF-MR), 27 (CS-SNF), 28 (SNF-State), or 92 (SNF-NE): If the payment request's coverage code = A (form XOVA) and the from date of service is >= 01/01/89 and < 01/01/90 and the days stay > 8, set this edit.  3) If the payment request's coverage code = A (form XOVA) and the from date of service is >= 01/01/90 or < 01/01/89: a) if the provider class type = 10 (SNF-Non-MH) and the payment request was submitted by a provider either as paper or electronically as EDI (media = 7) with submitter ID = EDIX, i.e. not crossed over, and the days count from admission to thru date of service is greater than 100: If there is an attachment, set edit 0244. If there is no attachment, set this edit. b) if the provider class type = 10 (SNF-Non-MH), the payment request was submitted by a provider either as paper or electronically as EDI (media = 7) with submitter ID = EDIX, i.e. not crossed over, and the days count of admission date plus 20 overlaps the payment days within the dates of service, i.e. the payment days	

include any or all of the first 20 days of the stay, and there is an attachment, set edit 0244. c) If the provider class type = 10, the payment request was submitted by a carrier/intermediary either as NSF (media = 8) or EDI (media = 7) with submitter ID = EDI (carrier/intermediary), and the days count from admission to thru date service is greater than 100: If there is an attachment, set edit 0444. If there is no attachment, set this edit. d) If the provider class type = 6, 11, 27, 28, or 92 and the days stay > 100, set this edit. **General Indicators** Reject Ind Deny Ind Override Ind PA Override Ind PrtRA Ind Compound Ind 0 Priority Recycle Days 0 Type HIPAA esc CutBack Ind Program Indicators Medicaid SLH TDO **FAMIS** Assessments Claim Type Dental Pharmacy Inpatient Home Health Outpatient Nursing Personal Care Physician Laboratory Transportation Xover A Xover B Cap Pay Admin Man Fee Asmt Fee Date Information Effective Date Code DOS Effective Date Revision Date Media/Disposition/Pend Location Codes Media LOC Disp 200 **PEND** Paper **DENY EMC** 200 PEND **DENY** 

Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

#### **Programs**

(None)

### **Exceptions**

None

### Resolution

#### Title XVIII:

Review attachment.

- 1. If attachment is Medicare EOB and the Medicare payment matches the number of days billed, override with code 0402 and disposition indicator O.
- 2. If attachment is not a Medicare EOB, deny with code 0244 and disposition indicator D.
- 3. If attachment is a Medicare EOB but the Medicare payment does not match days billed, deny with code 0402 and disposition indicator D.

# Edit/Audit Inquiry Results Edit-403 ESC-403

<b>Fdit</b>				
	11272	1 a a E	e b d F	A 1 A 1

Edit Number	403	esc Number	403	NCPDP Code	70

Short Desc	NDC Not Covered
Long Desc	NDC Not Covered
Edit Criteria	For Pharmacy (claim type 06), if the NDC is not a covered drug on the date of service based on Obsolete Date or the date of service on the claim is before the Drug Coverage Begin Date (Coverage Begin) DE5201, set the edit.  For Physician, Xover-B and Lab claims (claim type 05,09 and 08), if Jcode is submitted and NDC is not a covered drug on the date of service based on Obsolete Date, set the edit.
	For claim type HCFA Claims CT (05,08 and 09 XOVB)  If a valid procedure code was found in the new REBATE INCLUDE/NDC REQUIRED value set and the claims date of receipt is >= 05/24/2014 and NDC is not a covered drug on the date of service based on Obsolete Date, set the edit. For claims with dates of receipt prior to 5/24/2014, the edit is only done for J-Codes.

## **General Indicators**

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	Υ
Туре	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

## **Program Indicators**

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

## Claim Type

Dental		Pharmacy	Υ	Inpatient	
Nursing		Home Health		Outpatient	
Physician	Υ	Personal Care		Laboratory	Υ

Transportation		Xover A		Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					
Date Informat	ion				
Effective Date Cod	de	DOS Effective [	Date	Revision Da	ate
Media/Dispos	ition/Pend	Location Codes	8		
Media		LOC	Disp		
Paper			DENY	•	
			DENY	•	
EMC			DENY	,	
			DENY	,	
Adjustment			DENY		
			DENY		
POS			DENY	•	
Encounter			6		
Special Batch		217	PEND		
PA					
Programs					
Program	Program T	itle			
VPTM1DRG		nacy Claims Drug Ed	its Process		
Exceptions					
Effective date for F	Physician, Xove	er-B and Lab claims:	07/01/2007 an	d disposition is I	EOB.
		an, Xover-B and Lab		•	
Decel 1					
Resolution					
(None)					

# Edit/Audit Inquiry Results Edit-404 ESC-404

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		пашон

Edit Number	404	esc Number	404	NCPDP Code	

Short Desc	INVALID SERVICE VENDOR FOR DOS		
Long Desc	INVALID SERVICE VENDOR FOR DATE OF SERVICE		
	If it is Dental claim (claim type 11) and vendor is Doral (vendor # 1076) if thru- Date of service is less than 07/01/2005 post the edit		

### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	Z	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

## Program Indicators

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

## Claim Type

Dental	Υ	Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	
Physician		Personal Care	Laboratory	
Transportation		Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

Effective Date Code	DOS E	Effective Date	Revision Date	
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Media/Disposition/Pend Lo	ocation Codes		_
Media	LOC	Disp	
Paper		DENY	
·		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			
Programs			
Program	Program	Title	
CPA014	ADA Edits		
Exceptions			
None			
Resolution			
(None)			

# Edit/Audit Inquiry Results Edit-405 ESC-405

Edit Information								
Edit Number 405	e	sc Number	405	N	ICPDP Code			
·	•							
Short Desc Eyeglasses Not Covered by Program								
Long Desc								
Edit Criteria This edit is no longer valid and is not included in the new MMIS.								
Canaral Indicator		_	_	_				
General Indicator						<u> </u>		
Reject Ind	Deny				Override Ind			
PrtRA Ind		verride Ind			Compound Ind			
Туре	Priorit	<u> </u>			Recycle Days	0		
HIPAA esc	CutBa	ack Ind						
Program Indicato	rs							
Medicaid		SLH			TDO			
FAMIS		Assessments						
Claim Type								
Dental		Pharmacy	'		Inpatient			
Nursing		Home Hea			Outpatient			
Physician		Personal (	Care		Laboratory			
Transportation		Xover A			Xover B			
Cap Pay		Man Fee	Man Fee		Admin			
Asmt Fee								
Date Information								
Effective Date Code		Effectiv	ve Date		Revision Date			
Media/Disposition/Pend Location Codes								
Media		LOC		Dis	SD SD			

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-406 ESC-406

## **Edit Information**

Edit Number	406	esc Number	406	NCPDP Code	85

Short Desc	Provider Not Approved for POS		
Long Desc	Provider Not Approved for POS		
Edit Criteria	If the claim payment request is entered by POS and the provider EMC billing indicator (DE 4081) is not set for POS authorization (POS authorization = 6), set the edit.		
	That is, using the claim billing provider number, read the PS_PROV_ECOMM_TYPE table where C_ECOMM_CVAL = P and the claim's dates of service are within D_PROV_ECOMM_BEGIN and D_PROV_ECOMM_END. If no rows are found, set the edit.		

## **General Indicators**

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	Р	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	Υ	SLH	Υ	TDO	
FAMIS	Υ	Assessments			

## Claim Type

Dental	Υ	Pharmacy	Υ	Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information	DOC [## D	Devision Dete
Effective Date Code	DOS Effective Date	Revision Date
Media/Disposition/Pe	nd Location Codes	
Media	LOC	Disp
Paper		N/A
		N/A
EMC		N/A
		N/A
Adjustment		N/A
		N/A
POS		DENY
Encounter		0
Special Batch		N/A
PA		
Programs	_	
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-407 ESC-407

## **Edit Information**

Edit Number	407	esc Number	407	NCPDP Code	

Short Desc	No Bill Type 112		
Long Desc	No Bill Type 112		
Edit Criteria	For Inpatient (claim type 01) or Title 18 (claim type 09) Inpatient, if the provider class type = 01 (Hospital), 91 (Out-of-State Hospital), 14 (Rehab Hospital), or 85 (Out-of-State Rehab Hospital) and a payment request with a type of bill = 113 or 114 is submitted but a payment request for type of bill 112 has not been adjudicated as paid and is not SLH with a denied/pended status of 0917, 0836, or 0834, set the edit. If the edit is set, the claim will pend and recycle for 90 days. After 90 days if the edit condition still exists, the claim will deny or pend to a location to be worked depending on the edit disposition.		

## **General Indicators**

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	Н	Priority		Recycle Days	90
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	Υ	SLH	Υ	TDO	
FAMIS	Υ	Assessments			

## Claim Type

Dental	Pharmacy		Inpatient	Υ
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A	Υ	Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Data Information				
Date Information  Effective Date Code	DOA Effective Date	7/1/1996	Revision Date	
Elicolive Date Gode	DOA LICCIIVE DAIC	17171330	Tevision Date	Ш
Media/Disposition/I	Pend Location Codes			
Media	LOC	Disp		
Paper		DENY		
		DENY		
EMC		DENY		
		DENY		
Adjustment		DENY		
		DENY		
POS		PAY		
Encounter		0		
Special Batch	217	PEND		
PA				
Drograma				_
Programs				
(None)				
Evantions				-
Exceptions				
For SLH the effective DO	A is 10/1/01.			
Resolution	_	_	_	
(None)				

# Edit/Audit Inquiry Results Edit-408 ESC-408

## **Edit Information**

Edit Number	408	esc Number	408	NCPDP Code	
			. • •		

Short Desc	21 Day Hospital Care Limit Exceeded	
Long Desc	21 Day Hospital Care Limit Exceeded	
Edit Criteria	For Title 18 (claim type 09): Part A and Part B crossover claims are submitted on the UB92 form and are identified by form XOVA. In this edit, form XOVA only pertains to part A, not part B.  If the payment request's coverage code = A (form XOVA) and the aid category does not = 023 (aged), 043 (blind), or 063 (disabled), and the premium indicator is not = Q (see note below) and the days stay (the difference between the thru date of service and the admission date + 1) is > 21,  1) and the provider class type = 008 (State MH-Med-Surg) or 009 (Med-Surg-MR), set the edit.  2) and the provider class type = 001 (Hospital) or 091 (Non-enrolled Hospital) and the admission date is < 01/01/2000, set the edit.  Note: An enrollee is QMB dually eligible when his aid category is not equal to 023, 043, or 063 AND one of his TPL coverage codes = A or Y and the month and year of the enrollee's application date is less than the month and year of the from date of service OR one of his TPL coverage codes = A or Y and the enrollee was eligible any part of the month prior to the from date of service. If he is determined to be QMB dually eligible, his premium indicator is set to Q.  For claim type 05:  Claim type 05 part of this edit has been deleted - incorporated into Edit 258.  For the activity payment request, if the enrollee is less than 21 years old on the thru date of service and the from date of service is > 9/30/86, bypass this edit.	

A current activity (claim type 05) is checked against an enrollee's history (claim type 05) in order to limit the number of consecutive days of service to a maximum of 21. Claims exceeding 21 days with any procedure modifier = 22 or 99 or the emergency indicator = Y and the accident, employment and auto accident indicators = N OR the emergency indicator = Y and either of the accident, employment or auto accident indicators = Y (emergency or accident), set edit 0258. Otherwise, they set this edit.

An activity payment request must meet the following criteria in order to be included in the edit:

- 1) Have a from date of service > 6/30/82
- 2) Have a valid 21-day procedure listed below
- 3) Have a place of treatment = 21 (inpatient hospital)

A history payment request must meet the following criteria in order to be included in the edit:

- 1) Have a from date of service > 6/30/82
- 2) Have a valid 21-day procedure listed below
- 3) Have a place of treatment = 21 (inpatient hospital)
- 4) Have the same servicing provider as the activity payment request
- 5) The difference between the activity from date of service and the history from date of service must not be more than 22 days
- 6) If the enrollee is less than 21 years old on the history thru date of service and the history from date of service is > 9/30/86, exclude the history payment request.

If the number of consecutive days between the activity payment request and a history payment request exceeds 21 days, set the edit on the activity request as explained above.

Valid values for 21-day procedure codes are:

90200 - 90292

90600 - 90630

90801 - 90872

90941 - 90999

99150 - 99174

99221 - 99238

99241 - 99255

99431, 99433, 99291, 99292, 99440

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

Program Indicator	'S			-	_			_	-		
Medicaid	Υ	- (	SLH			Ŋ	 ′	TDO			
FAMIS	Y			ssments							
Claim Type											
Dental			Pha	armacy				Inpatient			
Nursing			Hor	ne Health	1			Outpatient			
Physician		Υ	Per	sonal Car	·e			Laboratory			
Transportation			Xov	er A			Υ	Xover B			
Cap Pay			Mar	n Fee				Admin			
Asmt Fee											
Date Information				-	-				-		
Effective Date Code			DC	A Effect	ive Date			Revision [	Date		T
Media/Disposition	/Ponc	1 1	acai	tion Co	dos	-				-	
	/I GIIC	4 L	Juan	1	ues	Diag			_		
Media				LOC		Disp					
Paper						DEN					
EMC						DEN			_		
LIVIO						DEN					
Adjustment						DEN					
, tajaotinoni						DEN					
POS						PAY					
Encounter						0					
Special Batch				217		PEN	ID				
PA											
Programs											
Program			Pro	gram Ti	tle						
CPA330			UB	04 Servic	e/PA Edit						
Exceptions											
None											

Resolution	
(None)	

# Edit/Audit Inquiry Results Edit-409 ESC-409

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Edit Number	409	esc Number	409	NCPDP Code	

Short Desc	Medical Justification Not Indicated on Invoice		
Long Desc	Medical Justification Not Indicated on Invoice		
	This edit is used by Pend Resolution to deny payment requests when the length of stay is less than or equal to 3 days and there is no justification on the payment request or no justification attached to claims.		

### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	I <b>V</b>	SLH	Υ	TDO	Υ
FAMIS	Υ	Assessments			

## Claim Type

Dental	Υ	Pharmacy		Inpatient	Υ
Nursing		Home Health		Outpatient	Υ
Physician	Υ	Personal Care		Laboratory	٧
Transportation		Xover A	Υ	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Effective Date Code	DOS Effective Date	Revision Date	
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Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
Resolution			
Resolution			

# Edit/Audit Inquiry Results Edit-410 ESC-410

### **Edit Information**

Edit Number	410	esc Number	410	NCPDP Code	

Short Desc	Documentation Not Received		
Long Desc	Documentation Not Received		
Edit Criteria	For Practitioner (claim type 05), if the provider class type = 64 (prosthetic), the payment request was not electronically submitted, there is no PA on file, and no attachment was submitted with the request, set the edit.		
	For all EDI claim types, if claims have been submitted with an attachment control number (ACN) and pend, the pend technician can transfer them to location 750 for up to 21 days after which they will automatically deny with this edit.		

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	Υ	SLH	Υ	TDO	
FAMIS	Υ	Assessments			

# Claim Type

Dental	Υ	Pharmacy		Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

Effective Date Code	DOS Effective Date	Revision Date	
		"	
Media/Disposition/Pe	nd Location Codes		
Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
None)			
			_
Exceptions			
None			
Resolution			
None)			

# Edit/Audit Inquiry Results Edit-411 ESC-411

<b>Edit Inforn</b>	nation												
Edit Number	411			esc Number	411	N	CPDP (	Code					
Short Desc	Resubm	it Inv	oice/	with Supportin	g X-rays								
Long Desc	Resubm	it Inv	oice/	with Supportin	g X-rays								
Edit Criteria				by Pend Resolu d with x-rays ar	•	•		uest w	hich				
General In	dicator	'S		_	_		-						
Reject Ind			De	eny Ind		Υ	Overrid	le Ind					
PrtRA Ind		Υ	_	A Override Ind		t	Compo	und In	d				
Туре		0	Pr	iority			Recycle					0	
HIPAA esc			Сι	utBack Ind									
Program li	ndicato	rs											
Medicaid		Υ		SLH			Υ	TDO			Υ		
FAMIS		Υ		Assessment	S								
Claim Typ	е												
Dental				Y Pharmacy	,		Ing	atient				T	
Nursing				Home Hea	alth		Outpatient						
Physician				Personal (	Care		La	borato	ry				
Transportatio	n			Xover A			Xc	ver B					
Cap Pay				Man Fee			Ad	lmin					
Asmt Fee													
Date Infor	mation												
Effective Date	e Code			DOS Effe	ective Date		R	evisio	n Da	ite			Π
Media/Dis <sub>l</sub>	positio	n/P	end	Location C	Codes								
Media				LOC		Dis	p						

		1	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

# Programs

(None)

# Exceptions

None

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-412 ESC-412

### **Edit Information**

E 111 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N 1	440	NODDDO	
Edit Number  412	lesc Number	412	NCPDP Code	

Short Desc	Procedure Not Processable on Magnetic Tape		
Long Desc	Procedure Not Processable on Magnetic Tape		
	This edit is deleted. For Practitioner (claim type 05), if the provider class type = 64 (prosthetic) and the payment request was electronically submitted and the procedure does not require a PA, set the edit.		

#### **General Indicators**

Reject Ind	Deny Ind	Override Ind	
PrtRA Ind	PA Override Ind	Compound Ind	
Туре	Priority	Recycle Days	0
HIPAA esc	CutBack Ind		

### Program Indicators

Medicaid	SLH	TDO	
FAMIS	Assessments		

## Claim Type

Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

|--|

Media/Disposition/Pend Location Codes							
Media	LOC	Disp					
Paper							
EMC							
A. II							
Adjustment							
POS							
Encounter							
Special Batch							
PA							
Programs	_	_					
(None)							
Exceptions							
None							
Resolution	_	_	_				
(None)							
(NOTIE)							

Edit/Audit	Inquiry	Results	<b>Edit-413</b>
ESC-413			

Edit Inforn	nation			_									
Edit Number	413		esc	c Number	413		NC	PDP C	ode		=		
	_				1								
Short Desc	Wrong X	(-ray (	Combi	nation Use C	ode 00212								
Long Desc	Wrong X	(-ray (	Combi	nation Use C	code 00212								
Edit Criteria		This edit is used by Pend Resolution to deny payment requests submitted with the wrong X-ray combination.											
General In	dicator	'S											
Reject Ind			Deny	Ind		Y	.	Overrid	e Ind			T	
PrtRA Ind		Υ		verride Ind			-	Compo	und In	d			
Туре		0	Priori	ty			-	Recycle				C	)
HIPAA esc	CutBack Ind												
	11 4												
Program II	ndicato	ors											
Medicaid		Y		SLH					TDO				
FAMIS		Υ		Assessment	s								
Claim Typ	е												
Dental			Υ	Pharmacy				Inp	atient				
Nursing				Home Health			Outpatient						
Physician				Personal C	Care			Lat	orato	ry			
Transportatio	n			Xover A				Χo	ver B				
Cap Pay Man Fee Admin													
Asmt Fee	Asmt Fee												
Date Information													
Effective Date	Effective Date Code DOS Effective Date 1/1/1999 Revision Date												
Media/Disposition/Pend Location Codes													

LOC

Disp

Media

		1	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

# Programs

(None)

# Exceptions

None

## Resolution

(None)

# Edit/Audit Inquiry Results Edit-414 ESC-414

Edit Information								
Edit Number	414		esc Number	414	<u> </u>	NCPDP Code		
Short Desc	Home Ba	sed/Sp	ec Care Not in E	Effect Serv	/ Date			
Long Desc								
Edit Criteria		his edit is no longer valid and is not included in the new MMIS. he service is on the PA File in the new MMIS.						
General In	dicators	5						
Reject Ind		Der	ny Ind			Override Ind		
PrtRA Ind		PA	Override Ind			Compound Ind		
Туре		Pric	ority			Recycle Days		0
HIPAA esc	IIPAA esc CutBack Ind							
Program lı	ndicator	'C	_	_	-	_	-	
Medicaid	raioatoi		SLH			TDO		
FAMIS			Assessments		100			
Claim Typ	е							
Dental			Pharmacy			Inpatient		
Nursing			<del>                                     </del>	Home Health		Outpatient		
Physician			<del>                                     </del>	Personal Care		Laboratory		
Transportation			<del>                                     </del>	Xover A				
Cap Pay			Man Fee	Man Fee		Admin		
Asmt Fee								
Date Information								
Effective Date Code Effective Date Revision Date								
Media/Disposition/Pend Location Codes								
Media			LOC		Di	sp		

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-415 ESC-415

## **Edit Information**

Edit Number	415	esc Number	415	NCPDP Code	

Short Desc	Servicing Provider ID Not Approved Provider
Long Desc	Servicing provider ID is not the approved provider.
Edit Criteria	For Inpatient (claim type 01): If the provider class type = 04 (Long Stay Hospital) and the from date of service is > 12/31/92, and the enrollee's exception indicator is equal to L (long stay hospital) BUT the servicing provider number on the payment request does not equal the provider number on the enrollee's benefit plan segment OR the enrollee's exception indicator is not equal to L (long stay hospital), set the edit.
	For Practitioner (claim type 05): If the from date of service is >= 10/01/90 and the procedure code's pend for review indicator = M on the Medical and Administrative Codes Database, and the servicing provider number on the payment request is not = the MICC provider number on RS_MICC_CASE_MGMT, the MICC Case Management Database, set the edit.
	Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.
	For Outpatient (claim type 03) If the provider type = 104 (PACE) and if the recipient's benefit plan is not '01-05-2001' (PACE) or the recipient's benefit plan is '01-05-2001' and the servicing provider number on the claim does not equal to the provider number on the enrollee's benefit plan, then set the edit.

### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	Р	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

## Program Indicators

Medicaid	Υ	SLH	TDO	

FAMIS	Υ	F	Asses	ssments							
Claim Type											
Dental Pha			armacy			Inpatient			-	Υ	
		me Health			Outpatient			,	Υ		
Physician		Υ	Per	sonal Care			Laboratory				
Transportation			Xov	er A			Xover B				
Cap Pay			Mar	n Fee			Adm	in			
Asmt Fee											
Date Information											
Effective Date Code		DC	)S E	ffective Date	1/	1/199	9	Revisio	n Date		
Media/Dispositio	n/Pen	d L	ocat	tion Codes							
Media				LOC	Dis	sp					
Paper					DE	NY					
					DE	NY	IY				
EMC					DE	DENY					
					DE	NY	Υ				
Adjustment					DE	NY					
					DE	NY					
POS					PA	Y					
Encounter					6						
Special Batch				217	PE	ND					
PA											
Programs											
Program				Program Titl	le						
CPA028				Provider Edits	3						
Exceptions											
None											
Resolution											
(None)											

# Edit/Audit Inquiry Results Edit-416 ESC-416

#### **Edit Information**

Edit Number	416	esc Number	416	NCPDP Code	

Short Desc Break in Date of Service for DRG Bill Type			
Long Desc	Break in Date of Service for DRG Bill Type		
	For Inpatient (claim type 01) or Title 18 (claim type 09) Inpatient, if the provider class type = 01, 91, 14, or 85 and a payment request with type of bill = 113 or 114 is submitted, but the dates of service are not contiguous with an existing paid 112 or SLH 112 denied/pended for 0917, 0834, or 0836, the edit will set in a pend status and recycle for 90 days after which the payment request will deny.		

## General Indicators

Reject Ind		Deny Ind Y		Override Ind	
PrtRA Ind	Υ	PA Override Ind Compound Ind		Compound Ind	
Туре	Н	Priority		Recycle Days	90
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	I <b>V</b>	SLH	Υ	TDO	
FAMIS	Υ	Assessments			

## Claim Type

Dental	Pharmacy		Inpatient	Υ
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A	Υ	Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Effective Date Code	DOA	Effective Date	7/1/1996	Revision Date
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Media	LOC	Disp	
Paper		DENY	
'		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
(None)			
(None) Exceptions	is 10/1/01.		
(None) Exceptions	is 10/1/01.		
(None) Exceptions	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		
(None)  Exceptions  For SLH the effective DOA  Resolution	is 10/1/01.		

# Edit/Audit Inquiry Results Edit-417 ESC-417

Edit Information	n							
Edit Number 417	•	esc Number	417	N	CPDP Code			
·				•	<u>,                                      </u>			
Short Desc DELI	ETED-Advi	se Medical Indic	ation. Resub	omit.				
Long Desc								
Edit Criteria This	Edit Criteria This edit is no longer valid and is not included in the new MMIS.							
	General Indicators							
Reject Ind		ny Ind			Override Ind			
PrtRA Ind		Override Ind			Compound Ind			
Туре		ority Deale lead			Recycle Days	0		
HIPAA esc	Cut	Back Ind						
Program Indica	ators							
Medicaid		SLH			TDO			
FAMIS		Assessments						
Claire Turns	_		_	_				
Claim Type								
Dental		Pharmacy			Inpatient			
Nursing		<del>                                     </del>	Home Health		Outpatient			
Physician		<del>                                     </del>	Personal Care		Laboratory			
Transportation		<del>                                     </del>	Xover A		Xover B			
Cap Pay Asmt Fee		Man Fee	Man Fee		Admin			
Asiiil Fee								
Date Information	Date Information							
Effective Date Code	Э	Effecti	ve Date		Revision Date	,		
Media/Disposition/Pend Location Codes								
Media		LOC		Dis	p			

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-418 ESC-418

ı			
ı			mation
ı	Laut	Intor	matian
ı			

Edit Number	418	esc Number	418	NCPDP Code	79

Short Desc	Early Refill/Pro DUR
Long Desc	ProDUR Over Utilization/Early Refill
	This is a ProDUR alert. An early refill alert results when 75% of the previous script has not been used. It is automatically denied. Refer caller to Magellan Medicaid 800-932-6648

#### **General Indicators**

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Υ	Compound Ind	
Туре	М	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental	Pharmacy	Υ	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Effective Date Code	Effective Date	Revision Date	
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Media/Dispositi	on/Pend Location Codes	;	
Media	LOC	Disp	
Paper		PAY	
		PAY	
EMC		PAY	
		PAY	
Adjustment		PAY	
		PAY	
POS		DENY	
Encounter		0	
Special Batch			
PA			
D			
Programs			
Program	Program Title		
VPT99DUR	ProDur Edits for Pharma	acy POS	
Everytions			
Exceptions			
None			
Decelution			
Resolution			
(None)			

# Edit/Audit Inquiry Results Edit-419 ESC-419

### **Edit Information**

Edit Number	419	esc Number	419	NCPDP Code	M2

Short Desc	Not an Emergency and Not CMM Provider ID
Long Desc	Not an emergency and Not CMM Provider ID
Edit Criteria	For Transportation (claim type 13):  If the enrollee is locked-in to a specific transportation provider (enrollee exception indicator = 6) and the billing or servicing provider is not equal to the lock-in provider and is not affiliated with the lock-in provider, and the referring provider is also not the lock-in provider nor affiliated with the lock-in provider, then set the edit if there is no emergency or accident indicated and the claim was submitted on paper or if the claim was electronically submitted.  Bypass the edit if:  1) the billing/servicing provider is the lock-in provider or affiliated with the lock-in provider 2) the provider/specialty types are 80/09 Neo-natal ambulance 80/21 Air ambulance 82 Emergency air ambulance 84 Out-of-state emergency air ambulance 3) the procedure codes are one of these: Y0110 Emergency Ambulance Y0121 Special code for authorized providers
	For Pharmacy (claim type 06):  For enrollees locked in to a specific physician (enrollee exception indicator = 4), if the prescribing physician is not equal to the locking physician and is not affiliated with the lock-in physician (enrollee exception indicator = 4), set the edit.  For Practitioner (claim type 05):  If the enrollee is a lock-in enrollee (enrollee exception indicator = 4), and the billing

provider or the servicing provider is not the lock-in physician and is not affiliated with the lock-in physician, and the referring physician is also not the lock-in physician and is not affiliated with the lock-in physician and the procedure code is not equal to 90500-90580, 99062, 99064, 99065, or 99281-99285 (See value set, EMERGENCY PROCEDURE CODES), then:

- 1) if the emergency indicator = Y and the claim was submitted on paper, pay the claim.
- 2) if the emergency indicator = N, the claim was submitted on paper, AND one of the procedure modifiers = 22 or 99 OR there is an attachment, set edit 725. See value set, ATTACH DISP PROC MODS
- 3) if the emergency indicator = N, the claim was submitted on paper, and none of the procedure modifiers = 22 or 99 and there is no attachment, set this edit. See value set, ATTACH DISP PROC MODS
- 4) if the claim is ECS (electronically submitted), set this edit.

Bypass the edit if any of the following apply:

- 1) the provider class type is in value set CMM EXEMPT PROVIDER TYPES
- 2) the Medical and Administrative Codes Database flag indicator = S, I, or FP
- 3) the place of treatment = 21 (inpatient hospital) or 51 (inpatient psychiatric)
- 4) the type of service is anesthesia (7)
- 5) the procedure code is in the range 70000 89999 and has a professional component modifier (26)
- 6) the procedure code's first position is A or V
- 7) the procedure code is in value set CMM EXEMPT PROCEDURES
- 8) the diagnosis code is one of these sterilization codes in the ICD-9 value set 279 (DIAG STERILIZATION CODES) or ICD-10 value set 20279 (ICD-10 STERILIZATION DIAGS)
- 9) the diagnosis code is one of these family planning codes in the ICD-9 value set 280 (DIAG FAMILY PLAN CODES) or ICD-10 value set 20280 (ICD-10 FAM PLN EDT BYPASS DIAG)

Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.

#### General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	R	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

#### **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

Dental		Ph	armacy	Υ	Inpatient				
Nursing		_	me Health		Outpatient				
Physician	Y	Pe	rsonal Care		Laboratory				
Transportation	Y	Xo	ver A		Xover B				
Сар Рау		Ma	n Fee		Admin				
Asmt Fee									
Date Information	-				_				
Effective Date Code		D	OS Effective Date		Revision Da	ite			
					-11				
Media/Disposition/F	Pend L	oca	tion Codes						
Media			LOC Di	sp					
Paper			DE	DENY					
			DE	ENY					
EMC				ENY					
				ENY					
Adjustment				ENY					
				ENY					
POS				ENY					
Encounter			0						
Special Batch			217 PE	ND					
PA									
Programs									
Program Prograi	n Title								
		Clain	ns Enrollee Edits Process						
Exceptions									

Resolution

# Edit/Audit Inquiry Results Edit-420 ESC-420

#### **Edit Information**

Edit Number	420	esc Number	420	NCPDP Code	M2

Short Desc	Not an Emergency and Not Primary Pharmacy		
Long Desc	Not an Emergency and Not Primary Pharmacy		
	For Pharmacy (claim type 06):  If the enrollee is locked in to a specified pharmacy (enrollee exception indicator = 5) and the billing provider is not the lock-in pharmacy and is not affiliated with the lock-in pharmacy and the payment request is not for emergency services (the level of care is not equal to 03 on the new form), set the edit.		

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	V
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	R	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental	Pharmacy	Y	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Effective Date Code	DOS Effective Date	Revision Date	
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Media/Disposition/Pend Locat	tion Codes	
Media	LOC	Disp
Paper		DENY
		DENY
EMC		DENY
		DENY
Adjustment		DENY
		DENY
POS		DENY
Encounter		0
Special Batch	217	PEND
PA		
Programs		
Program Title		
VPTM1RCP POS Pharmacy Claims	s Enrollee Edits Proc	ess
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-421 ESC-421

#### **Edit Information**

E PLANT	404	NI I	404	NODDDO	
Edit Number	421	lesc Number	421	NCPDP Code	
Lait Hairibei	'- '	COOTTAITIBE	121	itoi Di Code	

Short Desc	Restriction - Emergency Not Indicated on Invoice		
Long Desc	CMM Emergency Not Substantiated		
Edit Criteria	For Practitioner (claim type 05):  If the enrollee is a lock-in enrollee (enrollee benefit exception indicator = 4), and the from date of service is > 09/30/94, and the servicing provider class type = 20 (physician), and the treatment place = 23 (ER), and the type of service is not = 2, 4, 7, 8, or 6 (surgery, anesthesia, radiology), and the procedure code = 90500-90580, 99062, 99064, 99065, or 99281- 99285 (See value set, EMERGENCY PROCEDURE CODES): 1) and the principal diagnosis code is on the Payable ER Diagnosis Code Table III, pay the request at full coverage with EOB 0698.  2) and the principal diagnosis is not on the Payable ER Diagnosis Code Table III, but is on the Pend ER Diagnosis Code Table III, pend the payment request for edit 0290.  3) and the billing or servicing provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code is not on the Payable ER Diagnosis Code Table III nor the Pend ER Diagnosis Code Table III (meaning non-emergency ER), and the payment amount > \$20, pay the reduced non-emergency rate of \$20 with EOB 644 if the from date of service is < 06/01/2001. If the from date of service is < 06/01/2001. If the from date of service is < 05/31/2001, no reduction is taken and edit 0290 is set. If the payment amount is <= \$20, pay the payment amount and set the EOB 698.  4) and the billing or servicing provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis code is not on the Payable ER Diagnosis Code Table III, and:  a) if there is an attachment and the claim was submitted on paper, set edit 0290.		

- b) if there is no attachment and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, edit 0497 is set.
- c) if the claims was ECS (electronically submitted), set edit 0290.
- 5) and the billing or servicing or referring provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:
- a) if the emergency indicator = Y, the attachment indicator = Y, and the claim was submitted on paper, set edit 0290.
- b) if the emergency indicator = Y, the attachment indicator = N, and the claim was submitted on paper, set edit 0421.
- c) if the emergency indicator = N and the claim was submitted on paper, set edit 0421.
- d) if the claim is ECS (electronically submitted), set edit 0421.

Electronically submitted payment requests with Edit 0290 generate a letter requesting documentation. These payment requests automatically deny with edit 498 after 21 days if no letter is returned.

For Outpatient (claim type 03):

If the enrollee is a CMM locking enrollee (enrollee exception indicator = 4) and the from date of service is > 09/30/94 and the revenue code = emergency room (450 -459) and the principal procedure code is not surgical (010 - 8699):

- 1) and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is on the Payable ER Diagnosis Code Table III, pay the request at full coverage with EOB 0698.
- 2) and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III, but is on the Pend ER Diagnosis Code Table III, pend the payment request for edit 0290.
- 3) and the attending physician is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and the payment amount > \$30, pay the reduced non-emergency rate of \$30 with EOB 644 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, no reduction is taken and edit 0290 is set. If the payment amount is <= \$30, pay the payment amount and set the EOB 698.
- 4) and the attending provider is not the CMM lock-in provider or affiliated

with the CMM lock-in provider and the Other provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:

- a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.
- b) the attachment indicator = N and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, edit 0497 is set.
- c) the claim is ECS (electronically submitted), set edit 0290.
- 5) and the attending or referring provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:
- a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.
- b) the attachment indicator = N and the claim was submitted on paper, set edit 0421.
- c) the claim is ECS (electronically submitted), set edit 0421.

Bypass the edit if the principal procedure code is a surgical procedure (01000 - 86999).

Electronically submitted payment requests with Edit 0290 generate a letter requesting documentation. These payment requests automatically deny with edit 498 after 21 days if no letter is returned.

Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

#### **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

Claim Type							
Dental		Pha	armacy		Inpatient		
Nursing		Hor	me Health		Outpatient		Υ
Physician	Υ	Per	sonal Care		Laboratory		
Transportation		Xov	ver A		Xover B		
Cap Pay		Mar	n Fee		Admin		
Asmt Fee							
Date Information							
Effective Date Code		DC	OS Effective Date		Revision Dat	e	
Media/Disposition/Pend	d L	ocai	tion Codes		_	-	
Media			LOC	Disp			
Paper				DENY			
				DENY			
EMC				DENY			
				DENY			
Adjustment			DENY				
				DENY			
POS				PAY			
Encounter				0			
Special Batch			217	PEND			
PA							
Programs							
(None)							
Exceptions							
None							
Resolution							
(None)							

# Edit/Audit Inquiry Results Edit-422 ESC-422

<b>Edit Information</b>									
Edit Number 422		esc Number	422	N	ICPDP Code				
·				•					
Short Desc DELE	ED-Rebil	I 1 Unit Only in	Block 24G						
Long Desc Long D									
Edit Criteria This edit is no longer valid and is not included in the new MMIS.									
General Indicato									
Reject Ind		y Ind			Override Ind				
PrtRA Ind		Override Ind			Compound Ind				
Туре	Pric				Recycle Days	0			
HIPAA esc	Cut	Back Ind							
Program Indicat	ors								
Medicaid		SLH			TDO				
FAMIS		Assessments							
Claim Tura	_		_	_		_			
Claim Type									
Dental		Pharmacy			Inpatient				
Nursing		Home He			Outpatient				
Physician		Personal	Care		Laboratory				
Transportation		Xover A			Xover B				
Cap Pay Asmt Fee		Man Fee			Admin				
Asiii ree									
Date Information	า								
Effective Date Code		Effecti	ve Date		Revision Date				
Media/Disposition	on/Pend	Location (	Codes						
Media		LOC		Dis	sp				

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-423 ESC-423

<b>Fdit</b>				
	11272	1 0 0 E	e b d F	A 1 A 1

Edit Number	423	esc Number	423	NCPDP Code	54

Short Desc	NDC Not on File, Check NDC
Long Desc	NDC Not on File, Check NDC
Edit Criteria	The National Drug Code (NDC) must be present on the Medical and Administrative Codes Database. If not, set the edit.  This edit is also checked for Physician, Xover-B and Lab claims if a valid procedure code is found in the new REBATE INCLUDE/NDC REQUIRED value set and the claims date of receipt is >= 05/24/2014 edit 0423 will be checked. For claims with dates of receipt prior to 5/24/2014, the edit is only done for J-Codes.
	For Bill Type '13X', Claim Type '03' (encounters and non-encounter claims) and '09'-XOVA (non-encounter claims), Provider Types '001', '014', '085', '091', Benefit Program '01' (Medicaid) and '07' (FAMIS) recipients only: For any revenue line which contains NDC and if NDC is not on table RF_NDC, cutback the line, set Edit 0423, and do not validate HCPCS code.

#### General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	Υ
Туре	G	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental	Pharmacy	Υ	Inpatient	
Nursing	Home Health		Outpatient	Υ

Physician	Υ	Personal Care		Laboratory	Υ
Transportation		Xover A	Υ	Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

#### Date Information

Effective Date Code	DOS Effective Date	Revision Date

# Media/Disposition/Pend Location Codes

Media	LOC	Disp
Paper		DENY
		DENY
EMC		DENY
		DENY
Adjustment		DENY
		DENY
POS		DENY
Encounter		8
Special Batch	217	PEND
PA		

# Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process
CPA330	UB04 Service/PA Edit

### Exceptions

Effective date for Physician, Xover-B and Lab claims: 07/01/2007. Encounter disposition for Physician, Xover-B and Lab claims is 0.

#### Resolution

# Edit/Audit Inquiry Results Edit-424 ESC-424

#### **Edit Information**

Edit Number	424	esc Number	424	NCPDP Code	50

Short Desc	Not Certified to Bill Unit Dose		
Long Desc	Provider not certified to bill unit dose.		
	For Pharmacy (claim type 06):  If the NDC unit dose indicator = 1, the payment request unit dose indicator is not set, the NDC generic therapeutic class is not equal 36 or 63, the NDC route description = 'ORAL', the NDC form code = '2' (ML) or the first position of NDC dosage form is 'C' or 'T' (capsule or tablet), and the provider specialty is not = '69' (unit dose certified pharmacy provider), set the edit.		

#### **General Indicators**

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

### **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental	Pharmacy	Υ	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Effective Date Code	DOS Effective Date	Revision Date	

Media	LOC	Disp	
Paper		PAY	
		PAY	
EMC		PAY	
		PAY	
Adjustment		PAY	
		PAY	
POS		PAY	
Encounter		0	
Special Batch	217	PAY	
PA			

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process

# Exceptions

None

# Resolution

# Edit/Audit Inquiry Results Edit-425 ESC-425

#### **Edit Information**

Edit Number | 425 esc Number | 425 NCPDP Code | 54

Short Desc	PRODUCT/SERVICE ID IS NOT AN NDC
Long Desc	PRODUCT/SERVICE ID IS NOT AN NDC ACCORDING TO FIRST DATABANK
Edit Cri- teria	The National Drug Code (NDC) must be present on the Medical and Administrative Codes Database. If not, set the edit.
	This edit is also checked for Physician, Xover-B and Lab claims if Jcode is submitted.
	For Bill Type '13X', Claim Type '03' (encounters and non-encounter claims) and '09'-XOVA (non-encounter claims), Provider Types '001', '014', '085', '091', Benefit Program '01' (Medicaid) and '07' (FAMIS) recipients only:
	For any revenue line which contains NDC and if NDC is not on table RF_NDC, cutback the line, set Edit 0425, and do not validate HCPCS code.
	For claim type HCFA Claims CT (05, 08 and 09 XOVB)
	If a valid procedure code was found in the new REBATE INCLUDE/NDC REQUIRED value set and the claims date of receipt is >= 05/24/2014 Edit 0425 will be performed. For claims with dates of receipt prior to 5/24/2014, the edit is only done for J-Codes.

#### General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	Υ
Туре	G	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

### **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

#### Claim Type

Dental		Pharmacy	Y	Inpatient	
--------	--	----------	---	-----------	--

Nursing		Home Health		Outpatient	Υ
Physician	Υ	Personal Care		Laboratory	Υ
Transportation		Xover A	Υ	Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

#### Date Information

Effective Date Code	Effective Date	Revision Date	

# Media/Disposition/Pend Location Codes

LOC	Disp	
	DENY	
	8	
217	PEND	
		DENY DENY DENY DENY DENY DENY 8

#### Programs

Program	Program Title
VPTM1DRG	POS Pharmacy Claims Drug Edits Process
CPA330	UB04 Service/PA Edit
CPA340	CMS 1500 Service PA Edit

#### Exceptions

Effective date for Physician, Xover-B and Lab claims: 07/01/2007. Encounter disposition for Physician, Xover-B and Lab claims is 0.

#### Resolution

# Edit/Audit Inquiry Results Edit-426 ESC-426

#### **Edit Information**

Edit Number	426	esc Number	426	NCPDP Code	

Short Desc	Svce May Be Cov'd Under Another Cde		
Long Desc	Service May Be Covered Under Another Code, Bill Other Code		
	This edit is used by Pend Resolution to resolve unlisted CPT procedure codes.  This edit is also set by the system for Practitioner, Personal Care, Laboratory, Transportation, and Dental claims, when the procedure flag is 'CT'.		

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

#### **Program Indicators**

Medicaid		SLH	Υ	TDO	
FAMIS	Υ	Assessments			

#### Claim Type

Dental	Υ	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Effective Date Code	Effective Date	Revision Date	
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Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
Resolution			
Resolution			

# Edit/Audit Inquiry Results Edit-427 ESC-427

#### **Edit Information**

Edit Number	427	esc Number	427	NCPDP Code	

Short Desc	Unit-Dose Billing Incorrect		
Long Desc	Unit-Dose Billing Incorrect		
	This edit is no longer in use.  If the unit dose indicator is not set on the incoming payment request, set the edit. If the NDC is a unit dose drug, provider has a unit dose specialty, enrollee is in a nursing home and the unit dose indicator is not present set the edit.		

### **General Indicators**

Reject Ind	Deny Ind	Override Ind	
PrtRA Ind	PA Override Ind	Compound Ind	
Туре	Priority	Recycle Days	0
HIPAA esc	CutBack Ind		

#### **Program Indicators**

Medicaid	SLH	TDO	
FAMIS	Assessments		

### Claim Type

Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Loca	ation Codes		
Media	LOC	Disp	
Paper			
EMC			
A. II			
Adjustment			
POS			
Encounter			
Special Batch			
PA			
Programs	_	_	
(None)			
Exceptions			
None			
Resolution	_	_	_
(None)			
(NOTIE)			

# Edit/Audit Inquiry Results Edit-428 ESC-428

Edit Information										
Edit Number 428		esc Nur	esc Number 428		NCPDP Code					
·		·								
Short Desc 21 Day -	- 60 D	ay Exceede	ed Same	Diagnosis						
Long Desc 21 Day -	- 60 D	ay Exceede	ed Same	Diagnosis						
Edit Criteria This edit is used to deny edit 266.										
General Indicator	rs	_	-			-	-	-		
Reject Ind Deny Ind Y Override Ind										
PrtRA Ind	Υ	PA Overrio	de Ind		+	-	oound Inc			
Туре	0	Priority				Recy	cle Days			0
HIPAA esc		CutBack Ir	nd							
Program Indicato	ors	_	_	_	-	-	_	-		-
Medicaid		CLLI				V	ТПО		_	
FAMIS	Y		SLH Assessments			Υ	TDO			
I AWIO	- '-	7.330	Assessments							
Claim Type										
Dental		Pharmacy			Inpatient			Υ		
Nursing		Home Health			Outpatient					
Physician		Personal Care			Laboratory					
Transportation			ver A			Xover B				
Cap Pay		Ma	n Fee			Admin				
Asmt Fee										
Date Information										
Effective Date Code		DO	OS Effe	ctive Date			Revision	Date		
Media/Disposition/Pend Location Codes										
Media			LOC		Dis	sp				

	ı	1	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

# Programs

(None)

# Exceptions

None

# Resolution

# Edit/Audit Inquiry Results Edit-429 ESC-429

Edit Information						
Edit Number 429	esc Number	429	N	CPDP Code	E7	
Short Desc DELETE	D-Advise Total Quar	ntity Dispensed	t			
Long Desc Quantity	dispensed is missing	or invalid				
Edit Criteria This edit i	s not valid. See edit	45.				
General Indicators	6					
Reject Ind	Deny Ind			Override Ind		
PrtRA Ind	PA Override Ind			Compound Inc		
Туре	Priority		F	Recycle Days		0
HIPAA esc	CutBack Ind					
Program Indicato	<b>S</b>					
Medicaid	SLH			TDO		
FAMIS	Assessme	ents				
Olaina Tama						
Claim Type				1 1		
Dental	Pharma			Inpatient		
Nursing	Home F			Outpatie		
Physician	Person			Laborato	ry	
Transportation	Xover A			Xover B		
Cap Pay Asmt Fee	Man Fe	е		Admin		
Asinti cc						
Date Information						
Effective Date Code	Effe	ective Date		Revision I	Date	
Media/Disposition/Pend Location Codes						
Media	LO	C	Dis	р		
					,	

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-430 ESC-430

#### **Edit Information**

Talia Nilamada a a	400	N I I	100	NODDDO	
Edit Number	430	esc Number	430	NCPDP Code	

Short Desc	Procedure Must Be Billed Within 15 Days of Prior Procedure					
Long Desc	Invalid CDPAS Claim Submission Sequence					
	If a procedure on the Current Code List is billed, there must be an approved payment request with one of the procedures on the History Code List and the DOS of the history payment request must be within 15 days earlier than the current payment request. If not, set the edit.  See Value Sets "0430/0430 001" thru "0430/0430 nnn" for procedure codes.					

#### **General Indicators**

Reject Ind		Deny Ind	Υ	Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	Q	Priority	0	Recycle Days	14
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	
Physician	Υ	Personal Care	Laboratory	
Transportation		Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

Effective Date Code	DOS	Effective Date	Revision Date

Media	LOC	Disp	
Paper	217	PEND	
		DENY	
EMC	217	PEND	
		DENY	
Adjustment	217	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA	217	PEND	
(None) Exceptions			
None			
Resolution			
(None)			
,			

# Edit/Audit Inquiry Results Edit-431 ESC-431

Edit Inform	ation									
Edit Number	431		esc Number	431		NCPDP Code	;			
					•		•			
Short Desc	deleted -	Invalid	Legend Drug Co	ode						
Long Desc										
Edit Criteria	No inform MMIS.	nation is	available on thi	s edit, an	d so it is ı	not included ir	the new	′		
General Inc	dicators	5							i	i
Reject Ind		Der	ny Ind			Override Ind				
PrtRA Ind		PA	Override Ind			Compound I	nd			
Туре			ority			Recycle Day	s		0	
HIPAA esc		Cut	Back Ind							
Program Ir	ndicator	'S								
Medicaid			SLH			TD	0	$\overline{}$		
FAMIS			Assessment	 S						
Claim Type	•									
Dental			Pharmacy			Inpatie	nt			
Nursing			<del>                                     </del>	Home Health		Outpatient				
Physician			Personal (	Care		Labora				
Transportation	า		Xover A			Xover E	3		4	
Cap Pay			Man Fee			Admin			4	
Asmt Fee										
Date Information										
Effective Date Code Effective Date Revision Date										
Media/Disposition/Pend Location Codes										
Media			LOC		Di	sp				

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-432 ESC-432

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		nation

Edit Number	432	esc Number	432	NCPDP Code	ED

Short Desc	Quantity Per Ingredient		
Long Desc	Quantity Per Ingredient		
	For drug compound payment requests:  If a quantity is not present (non-blank > 0) for each ingredient entered, set the edit.		

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	Υ
Туре	Z	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental	Pharmacy	Υ	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Effective Date Code	Effective Date	Revision Date	
---------------------	----------------	---------------	--

Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
·		DENY	
POS		DENY	
Encounter		0	
Special Batch			
PA			
Programs	_	_	
(None)			
()			
Exceptions			
None			
Resolution			
Resolution			
Resolution (None)			

# Edit/Audit Inquiry Results Edit-433 ESC-433

## **Edit Information**

Edit Number	433	esc Number	433	NCPDP Code	

Short Desc	Not Nursing Home Enrollee on Service Date		
Long Desc	Enrollee not in nursing home on service date		
Edit Criteria	This edit is no longer in use.		
	For Pharmacy (claim type 06):		
	If the payment request has a payment amount = \$0.00, and the NDC unit dose indicator on the Medical and Administrative Codes Database = 1, the unit dose indicator on the payment request is not set, the enrollee is not a nursing home enrollee, and the provider specialty is not = 69 (unit dose certified pharmacy provider), set the edit.		
	If the payment request has a payment amount = \$0.00, and the NDC unit dose indicator on the Medical and Administrative Codes Database = 1, and the enrollee is not a nursing home enrollee, and the provider specialty is = 69 (unit dose certified pharmacy provider) set the edit.		

#### General Indicators

		<del>_</del>	
Reject Ind	Deny Ind	Override Ind	
PrtRA Ind	PA Override Ind	Compound Ind	
Туре	Priority	Recycle Days (	0
HIPAA esc	CutBack Ind		

### Program Indicators

Medicaid	SLH	TDO	
FAMIS	Assessments		

# Claim Type

Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory

Transportation	Xov	er A		Xover B		
Cap Pay	Mar	n Fee		Admin		
Asmt Fee						
Date Information						
Effective Date Code		Effective Date		Revision Da	te	
Media/Disposition/Pend	d Locat	ion Codes				
Media		LOC	Disp	)		
Paper						
EMC						
Adjustment						
POS						
Encounter						
Special Batch						
PA						
Programs						
(None)						
Eventions						
Exceptions						
None						
Resolution						_
(None)						
(None)						

# Edit/Audit Inquiry Results Edit-434 ESC-434

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Edit Number	434	esc Number	434	NCPDP Code	

Short Desc	Dosage? Advise VMAP/Resubmit		
Long Desc	Dosage? Advise VMAP/Resubmit		
	This edit is used by Pend Resolution to resolve unclassified J-codes when the specific dosage is needed to calculate payment for Medicaid and FAMIS for Practitioner PCT 20.		

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	
Physician	Υ	Personal Care	Laboratory	
Transportation		Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

Effective Date Code	DOS Effective Date	Revision Date	
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EOB	EOB EOB EOB EOB EOB EOB PAY 0		Paper EMC
EOB	EOB EOB EOB EOB PAY 0		EMC
EOB	EOB EOB EOB PAY 0		
EOB	EOB EOB PAY 0		Adjustment
POS PAY Encounter 0 Special Batch 217 PEND PA  Programs (None)  Exceptions None	EOB PAY 0		Adjustment
POS PAY Encounter 0 Special Batch 217 PEND PA  Programs (None)  Exceptions None	PAY 0		
Encounter 0 Special Batch 217 PEND PA  Programs (None)  Exceptions None	0		
Special Batch PA  Programs (None)  Exceptions None  Resolution			POS
Programs (None)  Exceptions None	PEND		Encounter
Programs (None)  Exceptions None  Resolution		217	Special Batch
(None)  Exceptions  None  Resolution			PA
(None)  Exceptions  None  Resolution (None)			Programs
None Resolution			(None)
None Resolution			Exceptions
Resolution			
			(110110)

# Edit/Audit Inquiry Results Edit-435 ESC-435

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Edit Number	435	esc Number	435	NCPDP Code	70

Short Desc	Invalid Drug Code for Compound Rx		
Long Desc	Invalid Drug Code for Compound Rx		
	This edit is no longer done. Encounters process the same as FFS. For pharmacy encounter claims only, if compound indicator is set, and the NDC is not 9999999999, 9999999996, 66666666666, set the error.		

#### General Indicators

Reject Ind	Deny Ind	Override Ind
PrtRA Ind	PA Override Ind	Compound Ind
Туре	Priority	Recycle Days 0
HIPAA esc	CutBack Ind	

#### Program Indicators

Medicaid	SLH	TDO	
FAMIS	Assessments		

### Claim Type

Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

|--|

Media/Disposition/Pend Loca	ation Codes		
Media	LOC	Disp	
Paper			
EMC			
A. II			
Adjustment			
POS			
Encounter			
Special Batch			
PA			
Programs	_	_	
(None)			
Exceptions			
None			
Resolution	_	_	_
(None)			
(NOTIE)			

# Edit/Audit Inquiry Results Edit-436 ESC-436

#### **Edit Information**

Edit Number	436	esc Number	436	NCPDP Code	

Short Desc	Hrs/Days Billed > Hrs/Days Approved	
Long Desc	The hours or days billed exceed the hours or days allowed for this procedure.	
	For HCFA 1500 payment requests:  If the provider class type = 46 (Hospice), and the procedure code billed is equal to Z9431 (continuous home care), and the UVS is less than the thru date minus the from date plus 1 multiplied by 8, or the UVS is greater than the thru date minus the from date plus 1 multiplied by 24 (minimum of 8 hours, maximum of 24 hours), then set the edit.  For personal care, use to get authorized hours from Enrollee Datastore and if the enrollee's exception indicator was not = Y, and the units on payment request > authorized hours, this edit was set. Personal care is now on the PA File so edit 162 will now set.  For Community Based Care (provider types 47, 48, 63, 73), if Medical and Administrative Codes Database flag indicator not = case management (CM, SA, FA) or CDPAS (Q), and payment request procedure code not = Z9412, and payment request's units > approved hours, set the edit. This procedure will now be on PA File and edit 162 will now set.	

#### **General Indicators**

Reject Ind		Deny Ind	Υ	Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

C	;la	ain	n	U	y	pe	Э

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Υ	Personal Care	Υ	Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

#### Date Information

Effective Date Code	DOS	Effective Date	Revision Date

#### Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

#### **Programs**

(None)	/ N I		_ \
	/ INI	Λn	$\boldsymbol{\Delta}$
	VIV	OH.	

### Exceptions

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ı	N	п	u	ш	C

#### Resolution

#### All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Review attachment/remarks for justification of hours/days billed.

If justification is provided for the additional hours or days, and hours do not exceed 24 hours per day, override with code 0436 and disposition indicator O.  If justification is not provided, or if hours billed exceed 24 hours per day, deny with code 0436 and disposition indicator D.

# Edit/Audit Inquiry Results Edit-437 ESC-437

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			mauon

Edit Number	437	esc Number	437	NCPDP Code	

Short Desc	Not Justified for Inpatient Surgery		
Long Desc	Not Justified for Inpatient Surgery		
	This edit is deleted. This edit is used by Pend Resolution to deny inpatient or practitioner payment requests that pended for edit 0269.		

#### General Indicators

Reject Ind	Deny Ind	Override Ind	
PrtRA Ind	PA Override Ind	Compound Ind	
Туре	Priority	Recycle Days 0	)
HIPAA esc	CutBack Ind		

#### Program Indicators

Medicaid	SLH	TDO	
FAMIS	Assessments		

### Claim Type

Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Loca	ation Codes		
Media	LOC	Disp	
Paper			
EMC			
A. II			
Adjustment			
POS			
Encounter			
Special Batch			
PA			
Programs	_	_	
(None)			
Exceptions			
None			
Resolution	_	_	_
(None)			
(NOTIE)			

# Edit/Audit Inquiry Results Edit-438 ESC-438

<b>Edit Inform</b>	nation								
Edit Number	438		esc Number	438	N	CPDP C	ode TD		
Short Desc	DELETE	D-Thera	peutic Duplicat	ion/Pro DUF	₹				
Long Desc									
Edit Criteria	This edit is	s now ed	dit 0942.						
General In	dicators	5							
Reject Ind		Den	y Ind			Override	Ind		
PrtRA Ind		PA	Override Ind			Compour	nd Ind		
Туре		Prio	rity			Recycle [	Days		0
HIPAA esc		Cut	Back Ind						
Program Ir	ndicator	'S							
Medicaid			SLH				TDO		
FAMIS			Assessment	S					
Claim Type	е								
Dental			Pharmacy			Inpa	atient		
Nursing			Home Hea	alth	Outpatient				
Physician			Personal (	Personal Care		Laboratory			
Transportation	n		Xover A			Xover B			
Cap Pay			Man Fee			Adr	nin		
Asmt Fee									
Date Information									
Effective Date Code Effective Date			Rev	sion Date	)				
Media/Disposition/Pend Location Codes									
Media			LOC		Dis	sp			

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-439 ESC-439

<b>Edit Inform</b>	ation								
Edit Number	439		esc Number	439	N	ICPDP Co	ode		
							<b>-</b>		
Short Desc	Payment	Reque	st Filed After 2	Years is N	ot Cover	ed			
Long Desc									
Edit Criteria	This edit	nis edit is no longer valid and is not included in the new MMIS.							
General Inc	dicators	S	_	-	-	-	-	-	
Reject Ind		Der	ny Ind			Override I	nd		
PrtRA Ind			Override Ind			Compoun			
Туре		Pric	ority			Recycle D	ays		0
HIPAA esc		Cut	Back Ind						
Program In	idicatoi	rs							
Medicaid			SLH			-	TDO		
FAMIS	Assessments								
Claim Type	<b>)</b>								
Dental			Pharmacy	1		Inpa	tient		
Nursing			Home Hea	alth		Outp	patient		
Physician			Personal (	Care		Labo	oratory		
Transportation	1		Xover A			Xover B			
Cap Pay			Man Fee			Admin			
Asmt Fee									
Date Inforn	nation		_	-	-	-	-		
Effective Date	Code		Effectiv	ve Date		Revi	sion Date		
Media/Disposition/Pend Location Codes									
Media			LOC		Dis	sp			
			•						

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-440 ESC-440

I to E a tate	nation

Edit Number	440	esc Number	440	NCPDP Code	

Short Desc	Previously Denied by DMAS - UR		
Long Desc	Previously Denied by DMAS - UR		
	This edit is used to catch payment requests on statistical reports that have been previously denied and the hospital is rebilling without correcting first problem.		

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

# **Program Indicators**

Medicaid	I V	SLH	Υ	TDO	Υ
FAMIS	Υ	Assessments			

### Claim Type

Dental	Pharmacy	Inpatient Y	Y
Nursing	Home Health	Outpatient	
Physician	Personal Care	Laboratory	
Transportation	Xover A	Xover B	
Cap Pay	Man Fee	Admin	
Asmt Fee			·

Effective Date Code	DOS Effective Date	Revision Date	
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Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
ŕ		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
Resolution			
Resolution			

<b>Edit/Audit</b>	Inquiry	Results	<b>Edit-441</b>
ESC-441			

<b>Edit Inform</b>	nation													
Edit Number	441		es	sc Number	441		N	CPDP (	Code					
Short Desc	Admission	on No	t Justi	ified										
Long Desc	Admission	on no	t justifi	ied										
Edit Criteria	This edit			Pend Resolu and 809.	ution to de	eny pay	yme	nt requ	ests th	at pe	n-			
General In	dicator	'S				-		-						
Reject Ind			Deny	v Ind			Υ	Overrio	le Ind					
PrtRA Ind		Υ	<del>                                     </del>	Override Ind			-	Compo		ıd				
Туре		0	Prior	rity				Recycl					0	
HIPAA esc			CutB	Back Ind										
Program lı	ndicato	rs		_		-		-						
Medicaid	Taroato			SLH			1	Y	TDO					
FAMIS		Y		Assessmen	te		-	T	100					
I AIVIIO		'		Assessifien	ເວ									_
Claim Type	9													
Dental				Pharmacy			Inpatient				Υ			
Nursing				Home Hea	alth			Oı	ıtpatie	nt				
Physician				Personal (	Care		Laboratory							
•	Transportation			Xover A					ver B				1	
	Cap Pay			Man Fee				Ac	lmin				_	
Asmt Fee	Asmt Fee													
Date Information														
Effective Date Code DOS Effective Date 1/1/1999 Revision Date					<b>;</b>									
Media/Dis	Media/Disposition/Pend Location Codes													
				LOC			Dis	p						

		· · · · · · · · · · · · · · · · · · ·
Paper	200	PEND
		DENY
EMC	200	PEND
		DENY
Adjustment	200	PEND
		DENY
POS		PAY
Encounter		0
Special Batch	217	PEND
PA		

#### **Programs**

(None)

#### Exceptions

All SLH Pends are assigned to LOC 308.

#### Resolution

This edit is used by Pend Resolution to deny payment requests that pended for edits 0255 and 0809. Enter code 0441 and disposition D according to instruction for the setting edits 0255 and 0809.

Edit/Audit	Inquiry	Results	<b>Edit-442</b>
ESC-442			

Edit Inform	nation												
Edit Number	442		es	sc Number	442	N	ICPD	PC	ode				
Short Desc	Admission	on No	t Just	ified > 3 < 8 [	Days LOS								
Long Desc	Admission	on No	t Just	ified > 3 < 8 [	Days LOS								
Edit Criteria	This edit ded for e		•	Pend Resolu	ution to deny pa	aym	ent re	ques	sts th	at pe	en-		
General In	dicator	'S				ė		ė	ė	ė			
Reject Ind			Deny	v Ind		Υ	Ove	rride	Ind				
PrtRA Ind		Υ		Override Ind		+			nd In	d			
Туре		0	Prior					-	Days				0
HIPAA esc			CutE	Back Ind				<u> </u>					
Program In	ndicato	rs											
Medicaid		Υ		SLH			Υ		TDO				
FAMIS		Υ		Assessmen	ts								
Claim Type	<b>e</b>			_	_								
Dental			T	Pharmacy	Pharmacy		T	Inpa	atient				Υ
Nursing				Home Hea				<del></del>	patie	nt			
Physician				Personal (	Care				orato				
Transportation	n			Xover A				Xov	er B				
Cap Pay				Man Fee				Adn	nin				
Asmt Fee													
Date Information													
Effective Date Code DOS Effective Date Revision Date													
Media/Disposition/Pend Location Codes													
Media				LOC		Dis	sp						

	ı	1	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

# Programs

(None)

# Exceptions

None

# Resolution

(None)

# Edit/Audit Inquiry Results Edit-443 ESC-443

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L-Ait	Inform	1 ation
		пашон

Edit Number	443	esc Number	443	NCPDP Code	

Short Desc	Requested Info Insufficient/Not Acceptable					
Long Desc	Requested Info Insufficient/Not Acceptable					
	This edit is used by Pend Resolution to deny pended payment requests when requested information is not acceptable or insufficient or incomplete.					

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	Υ
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid	I <b>V</b>	SLH	Υ	TDO	Υ
FAMIS	Υ	Assessments			

### Claim Type

Dental	Υ	Pharmacy	Υ	Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

Effective Date Code	DOS Effective Date	Revision Date	
---------------------	--------------------	---------------	--

Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution	_		_
Resolution			_
Resolution (None)			
			_

# Edit/Audit Inquiry Results Edit-444 ESC-444

### **Edit Information**

|--|

Short Desc	Medicare Remittance (EOMB) Not Attached		
Long Desc	Medicare Remittance (EOMB) Not Attached		
Edit Criteria	For Title 18 (claim type 09): Part A and Part B crossover claims are submitted on the UB92 form and are identified by form XOVA. In this edit, form XOVA only pertains to part A, not part B.  (1) If the payment request's coverage code = A (form XOVA) and the from date of service is >=01/01/90 or < 01/01/89: a) if the provider class type = 10 (SNF-Non-MH) and the payment request was submitted by a provider either as paper or electronically as EDI (media = 7) with submitter ID = EDIX, i.e. not crossed over, and the days count from admission to thru date of service is greater than 100: If there is an attachment, set edit 0244. If there is no attachment, set edit 0402. b) if the provider class type = 10 (SNF-Non-MH) and the payment request was submitted by a provider either as paper or electronically as EDI (media = 7) with submitter ID = EDIX, i.e. not crossed over, and the days count of admission date plus 20 overlaps the payment days within the dates of service, i.e. the payment days include any or all of the first 20 days of the stay, and there is an attachment, set edit 0244. c) If the provider class type = 10 and the payment request was submitted by a carrier/intermediary either as NSF (media = 8) or EDI (media = 7) with submitter ID = EDI (carrier/intermediary either as NSF (media = 8) or EDI (media = 7) with submitter ID = EDI (carrier/intermediary), and the days count from admission to thru date of		

service is greater than 100:

If there is an attachment, set this edit 0444.

If there is no attachment, set edit 0402.

- d) If the provider class type = 6, 11, 27, 28, or 92 and the days stay > 100, set edit 0402.
- (2) If the payment request is electronically submitted OR the premium indicator is = Q (see note below) OR the aid category is = 23, 43, or 63 (not aged, blind, or disabled) OR the provider type = 001 or 091with an admission date > 12/31/2000, then bypass this part of the edit, else if the coinsurance entered on the payment request is not = 0, set edit 0253 if there is an attachment.

If there is no attachment, set edit 0444.

Note: An enrollee is QMB dually eligible when his aid category is not equal to 023, 043, or 063 AND one of his TPL coverage codes = A or Y and the month and year of the enrollee's application date is less than the month and year of the from date of service OR one of his TPL coverage codes = A or Y and the enrollee was eligible any part of the month prior to the from date of service. If he is determined to be QMB dually eligible, his premium indicator is set to Q.

- (3) If the from date of service is >= 01/01/90 and the payment request's coverage code = A (form XOVA), and the provider class type = 06 (SHF-MH), 10 (SNF-non MH), 11 (SNF-MR), 27 (CS-SNF), 28 (SNF-state), or 92 (SNF-non-enrolled) and the number of days stay < 21 and the coinsurance entered is > 0, set edit 0253 if there is an attachment. If there is no attachment, set edit 0444.
- (4) Note: This portion of edit 0444 is obsolete after 10/26/2008 (Release 42 implementation date).

If the deductible amount entered on the payment request is > than the corresponding amount in the annual Part A or Part B table by \$175 or less, set edit 0251 if the payment request was submitted on paper and there is an attachment.

If the payment request was submitted on paper and there is no attachment, set edit 0444.

This \$175 limit is stored on the RF\_SYS\_PARAMETER table with value id XOVA-DEDTL for part A payment requests and with value id XOVB-DEDTL for part B payment requests.

The Medicare table amounts for part A are stored on the RF\_SYS\_ PARAMETER table with the value id XOVA-DEDT and for part B with the value id XOVB-FACT5.

General Indicators					
Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			
			<u> </u>		
Program Indicato	rs				
Medicaid	Υ	SLH		TDO	
FAMIS	Υ	Assessments			
Claim Type					

Claim Type						
Dental	Pharmacy		Inpatient			
Nursing	Home Health		Outpatient			
Physician	Personal Care		Laboratory			
Transportation	Xover A	Y	Xover B	Υ		
Cap Pay	Man Fee		Admin			
Asmt Fee						

Date Information		
Effective Date Code	DOS Effective Date	Revision Date

Media/Disposition/Pend Location Codes				
Media	LOC	Disp		
Paper	200	PEND		
		DENY		
EMC	200	PEND		
		DENY		
Adjustment		PAY		
		PAY		
POS		PAY		
Encounter		0		
Special Batch	217	PEND		
PA				

Programs	
Program	Program Title
CPA046	Crossover Pricing

Exceptions
None
Resolution
Title XVIII: Review attachment.  1. If attachment is Medicare EOB and the Medicare payment matches the number of days billed, override with code 0444 and disposition indicator O.  2. If attachment is not a Medicare EOB, deny with code 0444 and disposition indicator D.  3. If attachment is a Medicare EOB but the Medicare payment does not match days billed, deny with code 0402 and disposition indicator D.

# Edit/Audit Inquiry Results Edit-445 ESC-445

Edit Information						
Edit Number 445	(	esc Number	445	N	ICPDP Code	
·	•				<u>,                                      </u>	
Short Desc No Show	vs Not Co	overed				
Long Desc No Show	vs Not Co	overed				
Edit Criteria This edit	is no lon	ger valid and is	not included	in the	new MMIS	
Canaral Indiantar		_	_	_		_
General Indicator						
Reject Ind	Den				Override Ind	
PrtRA Ind		Override Ind			Compound Ind	
Туре	Prior				Recycle Days	0
HIPAA esc	CutE	Back Ind				
Program Indicato	rs					
Medicaid	T	SLH			TDO	
FAMIS		Assessment	ts		.50	
Claim Type						
Dental		Pharmacy	1		Inpatient	
Nursing		Home Hea	alth		Outpatient	
Physician		Personal (	Care		Laboratory	
Transportation		Xover A			Xover B	
Cap Pay		Man Fee			Admin	
Asmt Fee						
Date Information						
Effective Date Code		Effecti	ve Date	_	Revision Date	
Madia (Diamaidi	·/D		2 - 1			- 111
Media/Dispositio	n/Pena		Jodes			
Media		LOC		Dis	sp	

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-446 ESC-446

E 114		
<b>L</b> ait	Inform	nation
		Iauon

Establement 1440	D 0 - 1 -
Edit Number   446   lesc Number   446   NCPE	OP Code

Short Desc	Emergency Not Substantiated		
Long Desc	Emergency Not Substantiated		
Edit Criteria	This edit is being deleted.		
	This edit is used by Pend Resolution to deny pended payment		
	requests when an emergency is not substantiated.		

#### General Indicators

Reject Ind	Deny Ind	Override Ind
PrtRA Ind	PA Override Ind	Compound Ind
Туре	Priority	Recycle Days 0
HIPAA esc	CutBack Ind	

#### Program Indicators

Medicaid	SLH	TDO	
FAMIS	Assessments		

### Claim Type

Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

Effective Date Code	Effective Date	Revision Date
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Media/Disposition/Pend Loca	ation Codes		
Media	LOC	Disp	
Paper			
EMC			
A. II			
Adjustment			
POS			
Encounter			
Special Batch			
PA			
Programs	_	_	
(None)			
Exceptions			
None			
Resolution	_	_	_
(None)			
(NOTIE)			

# Edit/Audit Inquiry Results Edit-447 ESC-447

#### **Edit Information**

Edit Number	447	esc Number	447	NCPDP Code	

Short Desc	Procedure Not Authorized for This Patient		
Long Desc	Procedure Not Authorized for This Patient		
Edit Criteria	For Practitioner (claim type 05) and Medicaid/FAMIS: If the billing provider class type = 72 (Department of Education), and the billing provider type 72 is found on the RF_PROC_PT_SPEC table for the claim's procedure code, and the enrollee's age is >= 23 on the from date of service, set the edit.		
	For claim types 04, 05, 08, and 13: If the procedure code's Procedure Table flag indicator = CS and the enrollee's aid category is not = 006, 007, 008, or 009 (that is, is not FAMIS enrollee), set the edit.		
	If the enrollee's aid category is = 001, 002, 003, or 004 (that is, SLH enrollee) and the procedure code's Procedure Table flag indicator is not = SLH, set the edit.		
	If the enrollee's aid category is = 203, 213, 215, 216, or 225 (that is, TDO enrollee) and the procedure code's Procedure Table flag indicator is not = TDO, set the edit.		

#### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

#### Program Indicators

Medicaid		SLH	Υ	TDO	Υ
FAMIS	Υ	Assessments			

Claim Type								
Dental		Pharmacy				Inpatient		
Nursing		Hor	ne Health			Outpatient		
Physician	Υ	Per	sonal Care		Υ	Laboratory		Y
Transportation	Υ	Xov	er A			Xover B		
Cap Pay		Mar	n Fee			Admin		
Asmt Fee								
Date Information								
Effective Date Code		DC	OS Effective Date			Revision Da	ate	
Media/Disposition/Pend	ı Lo	ocat	tion Codes			_		
Media	=		LOC	Dis	D			
Paper				DEN				
•				DEN				
EMC				DEN	DENY			
				DEN	۱Y			
Adjustment				DEN	۱Y			
				DEN	ΙΥ			
POS				PAY	′			
Encounter				0				
Special Batch			217	PEN	1D			
PA								
Programs			_			_		
(None)								
Exceptions								
None	-	_		_	-			_
NOTIC								
Resolution								
(None)								

# Edit/Audit Inquiry Results Edit-448 ESC-448

#### **Edit Information**

Edit Number	448	esc Number	448	NCPDP Code	

Short Desc	Neonatal/Nurse Days Not Allowed Patient Over 3 Years		
Long Desc	Revenue Code/Age Restriction		
Edit Criteria	For payment request with admission date after 6/30/96 and provider class types not equal to 03 and 07 and 46 and 77:		
	For an inpatient (claim type 01) payment request that has a revenue code = 174 or 175 (neonatal days), if the enrollee's age is > 3 on the date of service, set the edit.		
	For an inpatient (claim type 01) payment request that has revenue codes 172, 173, or 179 (nursery codes) OR that has revenue codes 170 or 171 with an admission date > 12/31/1999 if Medicaid/FAMIS or > 09/30/2001 if SLH, if the enrollee's age is greater than or equal 3 on the date of service, set the edit.		

#### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### Program Indicators

Medicaid	Υ	SLH	Υ	TDO	
FAMIS	Υ	Assessments			

## Claim Type

Dental	Pharmacy	Inpatient	Υ
Nursing	Home Health	Outpatient	
Physician	Personal Care	Laboratory	
Transportation	Xover A	Xover B	

Cap Pay	Mar	n Fee			Admin		
Asmt Fee	111211						
Date Information							
Effective Date Code	DC	OS Effective Date			Revision Date	Э	
Madia/Diapasitian/Dand	l Logo	tion Codes	_		_	_	
Media/Disposition/Pend							
Media		LOC	Disp				
Paper			DEN				
EMO			DEN				
EMC			DEN DEN				
Adjustment			DEN				
лијизинсти			DEN				
POS			PAY				
Encounter			2				
Special Batch		217	PEN	D			
PA							
					·		
Programs							
(None)							
Exceptions	_					_	
None							
Resolution							
(None)							
(NONE)							

# Edit/Audit Inquiry Results Edit-449 ESC-449

#### **Edit Information**

Edit Number	449	oco Numbor	449	NCPDP Code	
Edit Number	<del>44</del> 9	esc Number	449	INCPUP Code	

Short Desc	Adult/Neonatal Days Not Allowed on Same Invoice
Long Desc	Adult and nursery/neonatal days are not allowed on the same payment request
Edit Criteria	If the provider class type equals 01, 14, 85, or 91 and the admission date is greater than 12/31/1999, do not perform the following:  (1) A payment request cannot be submitted with both neonatal and adult days.  If the neonatal ICU revenue code 174 or 175 is present on the payment request with days > 0, error 0001 has not been set (there is a neonatal rate on file for the provider), and the adult days (revenue code 100-169, or 180-219) are > 0, set the edit.  (2) If the payable nursery days (revenue codes 172, 173, or 179) are > 0, and the adult service days (revenue code 100-169, or 180-219) are > 0, and the female enrollee's age is less than 12 or greater than 55, set the edit.  If the provider class type equals 01, 14, 85, or 91 and the admission date is greater than 12/31/1999 if Medicaid or FAMIS and greater than 09/30/2001 if SLH , perform the following:  (1) If there are no revenue codes = 113, 123, 133, 143, 153, or 203, but there are revenue codes = 100-112, 114-122, 124-132, 134-142, 144-152, 154-169, or 180-219 and if the total neonatal days (revenue codes 174 or 175) is greater than zeros, and error 0001 has not been set, and the total adult days (revenue codes 100-169, 180-219) is greater than zeros, set the edit.  (2) If there are no revenue codes = 113, 123, 133, 143, 153, or 203, but there are revenue codes = 100-112, 114-122, 124-132, 134-142, 144-152, 154-169, or 180-219, and if the payable nursery days (revenue codes 170, 171, 172, 173, or 179) are > 0, and the adult service days (revenue code 100-169, or 180-219) are > 0, and the female enrollee's age is less than 12 or greater than 55, set the edit.

			76/0176 SET 1. 76/0176 SET 2.							
General Indicator	rs									
Reject Ind		Deny Ind				erride				
PrtRA Ind	Υ	PA Override Ind				•	nd Ind			
Туре	0	Priority	<u>_</u>		Red	cycle	Days		0	
HIPAA esc		CutBack	Ind							
Program Indicato	ors									
Medicaid	Υ	SL	1		Υ	-	TDO			
FAMIS	Υ	Ass	essments							
Claim Type										
Dental		P	harmacy			Inpa	tient			Υ
Nursing		Н	ome Health			Outp	atient			
Physician		P	ersonal Care			Lab	oratory			
Transportation		X	over A			Xov	er B			
Cap Pay		M	an Fee			Adm	nin			
Asmt Fee										
Date Information										
Effective Date Code		C	OOS Effective	Date		Re	vision D	ate		
Media/Dispositio	n/Pe	nd Loc	ation Code	S						
Media			LOC		Disp					
Paper				С	ENY					
·					ENY					
EMC					ENY					
				С	ENY					
Adjustment				C	ENY					
				С	ENY					
POS					ENY					
Encounter				2						
Special Batch			217	P	PEND					
PA										
Programs										
(None)										

Exceptions	
None	
Resolution	
(None)	

## Edit/Audit Inquiry Results Edit-450 ESC-450

## **Edit Information**

Edit Number	450	esc Number	450	NCPDP Code	

Short Desc	Service Not Authorized for Alien
Long Desc	Non-resident alien eligible for medical emergency only.
Edit Criteria	Only emergency medical services are paid for a non-resident alien (benefit plan 01-01-3000). The edit is set if any of the following is true:  1) the payment request is not for inpatient hospital services OR  2) the payment request is for outpatient services (claim type 03) and the revenue code 450-459 is not billed OR  3) the payment request is for medical services (claim type 05) and the place of service is not 21 (inpatient hospital) or 23 (emergency room) or 65 (End-Stage Renal Disease Treatment Facility) (Value set 'POS EXCLUSIONS 0298/0450') OR  4) the payment request is for sterilization (see below list of diagnosis and procedure codes or value sets); this includes inpatient payment requests.  Sterilization Value Sets:  ICD Procedure Codes for claim types 01 and 03:  117 (ICD9 STERILIZATION CODES) or 20117 (ICD-10 STERILIZATION PROCS)  ICD Diagnosis Codes for claim types 01, 03, 05, and 09, part B:  279 (DIAG STERILIZATION CODES) or 20279 (ICD-10 STERILIZATION DIAGS)  CPT Procedure Codes for claim types 05 and 09, part B:  54690  55250  56301  56302  56307  56318  58600  58605  58611  58615

58661 58670 58671 58700 58720 See value set, CPT STERILIZATION CODES For Outpatient Hospital Claims & Title-18 (XOVA) claims

For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X', and prov types ('001', '014', '085', 091'), and FDOS >= 01/1/14 the Revenue line procedure code will be checked in value set CPT STERILIZATION CODES. Edit will set if line procedure code is found.

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

#### **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS		Assessments		

#### Claim Type

Dental		Pharmacy		Inpatient	Υ
Nursing		Home Health		Outpatient	Υ
Physician	Υ	Personal Care		Laboratory	
Transportation		Xover A	Υ	Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

#### Date Information

Effective Date Code	DOS Effective Date	Revision Date	
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#### Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	

Adjustment	100	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

(None)

#### **Exceptions**

Pend for Capitation, Management, Admin Fees, and Assessments. Disposition for Paper and EMC attachment changed from deny to pend effective 5/1/2008.

#### Resolution

- 1. An Emergency Medical Certification form must be attached to the claim. Look for the 032-03-628/4(7/98) at the bottom left hand corner of the claim. In Section II, two blocks are listed, 'Is an Emergency' or 'Is Not an Emergency'.
- 2. If, X 'Is an Emergency is checked, and date of service is within the duration of coverage specified on the form, override 0450 with the indicator O. If dates are outside of range, deny 0450 with the indicator D.
- 3. If, X Is Not an Emergency" is checked, deny 0450 with the indicator D. This section should be signed, with title and dated. If there are any concerns, transfer to location 317 with your concern indicated in the remarks screen. (Updated 5/13/08)
- 4. If claim is pending with ESC 0278 only, deny 0450 with the indicator D. (Updated 03/28/11)
- 5. If claim is pending with another pend reason other than 0450 and 0278, transfer claim type 05 to location 317. If claim type is 01 or 03, transfer to location 300. (updated 3/28/11)

# Edit/Audit Inquiry Results Edit-451 ESC-451

## **Edit Information**

Edit Number	451	esc Number	451	NCPDP Code	

Short Desc	Two Nursery Revenue Codes on Same Invoice	
Long Desc	Only one nursery revenue code may be billed on a payment request	
Edit Criteria	If the provider class type = 01, 14, 85, or 91 and the admission date is greater than 12/31/1999, do not perform the following:  (1) If the payable nursery days (revenue codes 172, 173, or 179) is > 0 and the adult days (revenue codes 100-169, 180-219) is > 0, and the enrollee is not female, set the edit.  (2) A payment request cannot have both payable nursery days and neonatal days:  If the payable nursery days (revenue codes 172, 173, or 179) is > 0, and the neonatal ICU days (revenue code 174 or 175) is > 0, set the edit.  (3) A payment request cannot have both non-payable nursery days and neonatal days:  If the neonatal ICU days (revenue code 174 or 175) is > 0, and error 0001 has not been set, and the non-payable nursery days (revenue codes 170 or 171) is > 0, set the edit.  (4) If the admission date is < 07/01/96, and the payable nursery days (revenue codes 172, 173, or 179) is > 0 and the non-payable nursery days (revenue codes 170 or 171) is > 0, set the edit.  If the provider class type equals 01, 14, 85, and 91 and the admission date is greater than 12/31/1999 for Medicaid or FAMIS OR greater than the new system live date for SLH, perform the following:  (1) If there are no revenue codes = 113, 123, 133, 143, 153, or 203, but there are revenue codes = 100 - 112, 114 - 122, 124 - 132, 134 - 142, 144 - 152, 154 - 169, or 180 - 219 and if the total payable nursery days (revenue codes 170, 171, 172, 173, or 179) is greater than zeros AND the total adult days (revenue codes 100 - 169, 180 - 219) is greater than zeros, and the enrollee is not female, set the edit.	

				/0176 SET 1. /0176 SET 2.						
General Indicator	rs			_			_			
Reject Ind	П	Deny	/ Ind		T	Over	ride Ind		П	
PrtRA Ind	Υ		verrid	e Ind			pound Ind			
Туре	0	Prior	ity	<u> </u>			ycle Days			0
HIPAA esc			ack In	d			, ,			
Program Indicato	ors									
Medicaid	Υ		SLH			Υ	TDO			
FAMIS	Υ		Asses	sments						
Oleim Tone	_	_	_		_	_		_	_	_
Claim Type										
Dental			_	rmacy		++	Inpatient			Υ
Nursing				ne Health		_	Outpatient			
Physician				sonal Care		++	Laboratory			
Transportation			Xov			+	Xover B			
Cap Pay			Man	Fee			Admin			
Asmt Fee										
Date Information										
Effective Date Code			DC	S Effective Date			Revision Da	ate		
Media/Dispositio	n/Pe	end L	_ocat	ion Codes			_			
Media				LOC	Dis	p				
Paper					DEI					
					DEI	VΥ				
EMC					DEI	VΥ				
					DEI	VΥ				
Adjustment					DEI	VΥ				
					DEI	VY				
POS					PA	<b>′</b>				
Encounter					2					
Special Batch				217	PEN	ND				
PA										

Programs	
(None)	
Exceptions	
None	
Resolution	
(None)	

## Edit/Audit Inquiry Results Edit-452 ESC-452

		4.0
<b>L</b> at	Intorn	nation

Edit Number	452	esc Number	452	NCPDP Code	

Short Desc	Overlapping Program Eligibilities		
Long Desc	Overlapping Program Eligibilities		
	A payment request cannot span more than one benefit program. Hence, if the dates of service of a payment request span an enrollee's eligibility in more than one program, set the edit.		

#### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	R	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

## **Program Indicators**

Medicaid	Υ	SLH	Υ	TDO	Υ
FAMIS	Υ	Assessments	Υ		

## Claim Type

Dental	Υ	Pharmacy		Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	Υ
Cap Pay	Υ	Man Fee	Υ	Admin	Υ
Asmt Fee	Υ				

## Date Information

Effective Date Code	DOS Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes				
Media	LOC	Disp		
Paper		DENY		
		DENY		
EMC		DENY		
		DENY		
Adjustment		DENY		
		DENY		
POS		DENY		
Encounter		4		
Special Batch	217	PEND		
PA		N/A		

Program	Program Title
CPA100	Adjudication Controller

## Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. The edit will not apply if the media is PA (P) and claim type is 11. As of July 1st, 2005, dental encounter severity is changed to 4.

## Resolution

# Edit/Audit Inquiry Results Edit-453 ESC-453

## **Edit Information**

Edit Number	453	esc Number	453	NCPDP Code	M1

Short Desc	Enrolled in HMO or an Encounter FFS
Long Desc	Enrolled in HMO or an Encounter Claim for F. F. S.
Edit Criteria	If claim is NOT an Encounter claim: For Inpatient (claim type 01) or Outpatient (claim type 03): 1 - If the enrollee is on file and in an HMO (Medallion II or Options) or in CCC and the from date of service is > 6/30/98 and any procedure code is for abortion: (See ICD-9 value set 119 (ICD9 ABORTION CODES) and ICD-10 value set 20119 (ICD-10 Abortion Proc Codes), bypass the edit. 2 - For Inpatient (claim type 01) and provider types 01, 14, 85, and 91 (See value set, HOSP-INPAT PROV TYPE - E0453) if the admission date is after 12/31/1999, edit 835 will set if the enrollee was hospitalized when HMO coverage began or ended. Otherwise, this edit will set.
	For Personal Care claims (Claim type 04) and enrollee is in HMO (Medallion II or Options) with a from service date after 08/31/2007, bypass the edit.
	Medicaid Expansion Bypass: Bypass the edit if Aid Category is in value set "E3 HMO Aid Categories" and
	- CT = 02 ,10 and Enrollee LOC Exception Indicator is 1 (ICF), 2 (SNF), or 7 (Out of State) OR
	- CT = 01, 03 and PT = 046 (Hospice) and Enrollee LOC Exception Indicator is D (Hospice) OR
	- CT 04, 05, or 08 and procedure code is in value set "AC 100 – 107 Carveout Proc Codes"
	For other claim types other than Practitioner (claim type 05) and Capitation Payments (CT 15):
	If the enrollee is on file and the patient is in a HMO (Medallion II or Options) or in CCC, set the edit.

For Practitioner (claim type 05):

- 1-If the enrollee is on file and is in an HMO (Medallion II or Options) and the payment request is not a reentry, AND the provider class type = 69 and the from date of service is <= 07/31/95 OR the provider class type = 67 and the from date of service is <= 12/31/95, set the edit.
- 2- If the provider class type = 67 or 69 and the enrollee is in an HMO (Medallion II or Options), verify that the servicing provider submitting the claim is the Immunization provider for the claim dates of service for the HMO the enrollee is in. If not and there is an attachment OR any procedure modifier = 22 or 99 (See value set, ATTACH DISP PROC MODS), set edit 0231. If not and there is no attachment and no procedure modifier is equal to one of the above, set edit 0482. If the provider is the Immunization provider, but the procedure is not an immunization procedure (flag indicator not = OC), set edit 0453.
- 3 -If the enrollee is locked into an HMO (Medallion II or Options) and the provider class type is not 67 or 69, and any of the following is true, bypass the edit:
- 1) the provider is a school district (billing provider class type = 72) and the procedure code is a therapy-psychiatric/psychological (included in value set School Rehab Services) OR
- 2) the payment request contains an MCO carve-out procedure (See value set MCO CARVE-OUT SERVICES) OR
- 3) the payment request contains a specific substance abuse procedure code that is in the Value Set 'PROC SUBSTANCE ABUSE' OR
- 4) the provider class type = 51 (Health Department Clinic) and the from date of service is > 7/31/95 and the payment request contains a specific Health Department procedure code: Z9993 (See value set, SPECIFIC HEALTH DEP PROC CODES) OR
- 5) the procedure code is either of Z9445 or T1016 OR
- 6) the procedure code is in value set ALTC SPECIFIC PROC CODES (962) and the exception indicator is in value set ALTC EXCEPTION INDICATORS (963) and the from service date is after 08/31/2007 OR
- 7) the procedure code's Medical and Administrative Codes Database flag indicator = CM, SA or FA (case management) OR
- 8) the from date of service is > 6/30/98 and the procedure code is an HMO abortion code: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857 (See value set, CPT ABORTION CODES) OR
- 9) the from date of service is > 12/31/95 and the provider class type = 51 (Health Department Clinic) AND the enrollee's age is = 19 if the procedure code = 90745 (Hepatitis) OR the enrollee's age is = 20 if the procedure code = 90746 (Hepatitis) OR
- 10) The provider class type = 079, the provider's speciality is 105 (Alzheimer's Waiver) and the procedure code's Medical and Administrative Codes Database indicator is T OR

- 11) The provider class type = 79 (assisted living) and the procedure code's Medical and Administrative Codes Database indicator flag = F or J OR
- 12) The enrollee's age is < 21 with a Nutrition Service (see Value Set ' Nutrition Services E0453') with the from date of service > 09/30/2007 OR
- 13) The enrollee is in an HMO, the age is < 21, there is a PA with service type 0098, and the procedure code is in value set 'EPSDT PA REQUIRED PROCS 0098' OR
- 14) The enrollee is in an HMO, the age is < 21, the provider type is '073', the procedure code is in value set 'EPSDT PROCS RELATED TO S5126', the PA number on the claim is not entered, but there is an associated PA with procedure code S5126 OR
- 15) If the enrollee is in an HMO and also in Medicaid Works (exception indicator = 'MW') and the procedure code is T1019 or S5126 OR
- 16) the procedure code is in value set "El Carve Out Procedures"...

Otherwise, set the edit.

- 4 If the enrollee is in CCC,
  - If the procedure code is in value set CPT ABORTION CODES or CCC TARGETED CASE MANAGEMENT, bypass the edit
  - Otherwise, set the edit.
- 5 If the provider class type is not 67 or 69 and if the enrollee was hospitalized when HMO coverage began, bypass this edit and set edit 835.

#### If claim IS an Encounter claim:

For Dental claims (Claim type 11) and the service vendor is Doral (Vendor # 1076) for Magellan (Vendor # 1077), bypass the edit

For Transportation Encounter claims (Claim type 13), the service vendor of Logisticare (Vendor # 1075), an HMO recipient, and not an exception in the ALTC Exception Indicators Value Set (963) based on the from service date, set the edit. If the Enrollee is in neither VALTC nor HMO and the Claim Service Center is not a VALTC Service Center, set the edit.

For CCC MMP Encounter Claims the service center is stored in value set 1100 'MCO SERVCTR XREF'. This value set will be used to store the service centers (1011, 1012, 1013). If the member is not a CCC member Edit 0453 will set. If the member is a CCC member and the service center is not (1011, 1012, 1013) Edit 0453 will set.

#### For ALL other claim types:

If the enrollee is NOT in an HMO on the from service date, set the error.

For Capitation Payments (claim type 15):

1-If the enrollee is on file and is not in an HMO (Medallion II or Options), set the edit. 2-If the enrollee is in neither VALTC nor HMO and the provider does not have a program code 13, set the set.

If CCC Enrollee's non encounter claim service provider not present in value set 'CCC EXCLUDED FACILITIES' then set 0453.

If CCC Enrollee's non encounter claim service provider present in value set 'CCC EXCLUDED FACILITIES' and also present in value set 'CCC NOT EXCLUDED FACILITIES' then set 0453.

#### General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	R	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

## Claim Type

Dental	Υ	Pharmacy	Υ	Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	Υ
Cap Pay	Υ	Man Fee		Admin	
Asmt Fee					

#### Date Information

Effective Date Code	DOS Effective Date	Revision Date	
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## Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
CCC		С	

Special Batch	217	PEND	
PA			

Program	Program Title
CPA030	Recipient Edits
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

## Exceptions

As of July 1st, 2005, this edit is turned off for dental encounter. As of 6/30/2005, this edit is turned off for dental Medicaid and FAMIS programs.

## Resolution

## Edit/Audit Inquiry Results Edit-454 ESC-454

## **Edit Information**

Edit Number	454	esc Number	454	NCPDP Code	

Short Desc	Payment Request Exceeds 31-Day Billing Limit		
Long Desc	Payment Request Exceeds 31-Day Billing Limit		
Edit Criteria	For Inpatient (claim type 01) payment requests and provider class types 01 (Hospital), 08 (State MH), 09 (Med-Surg-MR), 13 (Long Stay IP MR), or 91 (Out of State Hospital), if the 'thru' date of service minus the 'from' date of service > 31, set the edit.		
	Bypass this edit for provider types 01, 14, 85, and 91 if the admission date is after 12/31/1999 for Medicaid and FAMIS and after the new system live date for SLH.		
	For Outpatient (claim type 03) payment requests, if the 'thru' date of service minus the 'from' date of service is > 31, set the edit.  For Outpatient (claim type 03) payment requests, if a provider type is '104' (PACE) and if the month or the year on the 'from' date of service does not match with the month or the year on the 'thru' date of services on the claim, set the edit.		

## **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

## **Program Indicators**

Medicaid	Υ	SLH	Υ	TDO	
FAMIS	Υ	Assessments			

## Claim Type

Dental	Pharmacy	Inpatient	Υ
Nursing	Home Health	Outpatient	Υ

Physician	Personal Care			Laboratory		
Transportation	Xover A			Xover B		
Cap Pay	Mar	n Fee		Admin		
Asmt Fee						
Data Information						
Date Information						
Effective Date Code	DC	OS Effective Date		Revision Da	ate	
Media/Disposition/Pend	Locat	tion Codes				
Media		LOC	Disp			
Paper			DENY			
			DENY			
EMC			DENY			
			DENY			
Adjustment			PAY			
			PAY			
POS			PAY			
Encounter			0			
Special Batch		217	PEND			
PA						
Programs						
Program	Pro	gram Title				
CPA330	UB	04 Service/PA Edit				
Exceptions						
None						
Resolution						
(None)						

## Edit/Audit Inquiry Results Edit-455 ESC-455

#### **Edit Information**

Edit Number	455	esc Number	455	NCPDP Code	

Short Desc	Enrolled in VALTC HMO		
Long Desc	Enrolled in VALTC HMO		
	For all Claims (except Claim Type 15): If the enrollee is in VALTC and the procedure code is not in Valueset "VALTC CARVE-OUT PROCEDURES" and the Claim Type is not 02 or 10, set edit 0455.  For Claim Type 15: If the enrollee is in neither VALTC or HMO and the provider has program code 13, set edit 0455.  Encounters: If the enrollee is in neither VALTC or HMO and the Claim Service Center is in Valueset "VALTC SERVICE CENTERS", set the edit.		

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Туре	R	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS		Assessments		

## Claim Type

Dental		Pharmacy		Inpatient	Υ
Nursing		Home Health		Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	Υ

Cap Pay	Υ	Man	Foo			Admin		
Asmt Fee	I I	Iviaii	ree			Aumin		
Admit CC		<u> </u>						
Date Information								
Effective Date Code	S Effec	ctive D	ate	7/1/2009	Re	evision Date	11/3/2008	3
Media/Disposition/Pe	end Lo	ocati	on Cod	les		_	_	
Media		L	_OC		Disp			
Paper					DEN	Υ		
					DEN			
EMC					DEN			
					DEN			
Adjustment		-			DEN			
POS					DEN			
Encounter					DEN 8	Y		
Special Batch		2	<u> </u>		o PEN	<u> </u>		
PA			<u> </u>		LIN	<u> </u>		
177								
Programs								
Program			Progran	n Title				
CPA030			Recipien	t Edits				
Exceptions	-		-	_		_	_	-
None								
TVOIC								
Resolution								
(None)								

## Edit/Audit Inquiry Results Edit-456 ESC-456

## **Edit Information**

Edit Number	456	esc Number	456	NCPDP Code	M1

Short Desc	Enrollee Not Covered for This Service
Long Desc	Enrollee Not Covered for This Service
Edit Criteria	For originals and adjustments, enrollees with aid category codes of 53 (Special Low-Income Medicare Beneficiary), 55 (Qualified Disabled and Working Individuals), 56 (QI1), or 57 (QI2) are not eligible for Medicaid fee for service and cause the edit to set.
	For Aid Category 80 and Inpatient Claim Types 01, if any diagnosis code is not one of the listed diagnosis codes (see ICD-9 value set 5043 (DIAG CODES FOR EDIT 0456) or ICD-10 value set 25043 (ICD-10 PLAN FIRST DIAG CODES)), or the provider type is not 001 or 091, or the ICD9 procedure code flag on the RF_PROC_FLAG_CODES table is not equal to 'FW', set the edit.
	For Aid Category 80 and Outpatient claim type 03, provider type 001 or 091, and if any diagnosis code is listed in the ICD-9 value set 5043 ( 'DIAG CODES FOR EDIT 0456') or ICD-10 value set 25043 (ICD-10 PLAN FIRST DIAG CODES), then steps below are performed, otherwise the edit is set: (1) If there is at least one ICD9 procedure code that has an 'FW" flag on the RF_PROC_FLAG_CODES table, then bypass the edit. (2) Otherwise, check every revenue line. For each revenue line:  A. If there is a procedure code (HCPCS/CPT procedure) with a procedure code flag equal to 'FW', then, check the next revenue line.  B. If there is no procedure code (HCPCS/CPT procedure) or there is a procedure code but it does not have a procedure code flag equal to 'FW', then cutback the line using 0456 as an EOB.  (Note: If all lines are cutback for 0456, then deny the claim using 0129 along with EOB codes.)  For Aid Category 80 and Practitioner Claim Type 05, the procedure code must have an 'FW' flag on the RF_PROC_FLAG_CODES table, any diagnosis code is one of the listed diagnosis codes (see ICD-9 value set 5043 (DIAG CODES FOR EDIT 0456) or ICD-10 value set 25043 (ICD-10 Plan First Diag Codes)), and have one of the provider type / specialty code combinations (see value set PROV TYPE / SPECIALTY - 0456); otherwise set the edit:  For Aid Category 80 and Lab Claim Type 08, the procedure code must have an 'FW' flag on the RF_PROC_FLAG_CODES table, and any diagnosis code is one of the listed diagnosis codes (see ICD-9 value set 5043 (DIAG CODES FOR EDIT

0456) or ICD-10 value set 25043 (ICD-10 Plan First Diag Codes)); otherwise set the edit.

For Aid Category 80 and Pharmacy Claim Type 06, the drug category must be 'C', 'T' or 'W' (family planning), otherwise set the edit.

In the recipient Edits in POS module VPTM1RCP, if an enrollee is eligible for the FAMIS Select Program, 07-01-0500, then they are not eligible for POS Services. Edit 0456 is assigned to the claim when the enrollee is FAMIS Select eligible.

#### **General Indicators**

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	R	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid	Υ	SLH		TDO	
FAMIS	Υ	Assessments	Υ		

#### Claim Type

Dental	Υ	Pharmacy	Υ	Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	Υ
Cap Pay	Υ	Man Fee	Υ	Admin	Υ
Asmt Fee	Υ				

#### Date Information

Effective Date Code	DOS	Effective Date	Revision Date
			4

#### Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	

Encounter		0	
Special Batch	217	PEND	
PA			

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process
VPTM1DRG	POS Pharmacy Claims Drug Edits Process
CPA100	Adjudication Controller

## Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

## Resolution

# Edit/Audit Inquiry Results Edit-457 ESC-457

<b>Edit Inform</b>	ation													
Edit Number	457		es	sc Numb	er	457		N	CPD	P Co	de  85			
Short Desc	Possible	e Ret	ro Cov	, Send	Ltr Fr	om Soc So	erv							
Long Desc						Send Lett	ter Fr	om S	Socia	al Serv	vices			
Edit Criteria	This edi	t is us	sed by	Pend R	esolu	ıtion.								
General Inc	dicato	rs												
Reject Ind			Deny	'Ind			,	Y	Ove	erride	Ind			
PrtRA Ind		Υ	PA C	verride	Ind				Cor	npour	nd Ind		,	Υ
Туре		R	Prior	ity				9	Red	cycle E	Days		(	0
HIPAA esc			CutB	ack Ind										
Program In	ndicato	ors												
Medicaid		Υ		SLH				`	Y	Т	DO			
FAMIS		Y		Assess	ment	ts			Y					
Claim Type	)													
Dental			Υ	Phar	macy	1			Υ	Inpati	ient			Υ
Nursing			Y	Hom	e Hea	alth			Υ	Outpa	atient			Υ
Physician			Υ	Pers	onal (	Care			Υ	Laboi	ratory			Υ
Transportation	1		Y	Xove	r A				Υ	Xove	r B			Υ
Cap Pay			Y	Man	Fee				Υ	Admi	n			Υ
Asmt Fee			Y											
Date Inforn	nation													
Effective Date	Code			DOS	S Eff	ective Dat	е			Rev	ision Da	ate		
Media/Disp	ositio	n/P	end l	_ocati	on (	Codes								
Media					OC			Disp	р					

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

(None)

## Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

## Resolution

# Edit/Audit Inquiry Results Edit-458 ESC-458

<b>Edit Inform</b>	ation								
Edit Number	458 esc Number 458			N	CPDP C	ode			
	'						•		
Short Desc	Wrong Ph	armacy	/ Billing for Serv	rices					
Long Desc									
Edit Criteria	No inform MMIS.	ation is	available on thi	s edit, and s	so it is n	ot include	ed in the n	ew	
General Inc	dicators								
Reject Ind		Den	y Ind			Override	Ind		
PrtRA Ind		PA (	Override Ind			Compou	nd Ind		
Туре		Prio	•			Recycle [	Days		0
HIPAA esc		Cutl	Back Ind						
Program Ir	ndicator	S							
Medicaid			SLH				TDO		
FAMIS			Assessment	S					
Claim Type	)								
Dental			Pharmacy			Inpa	atient		
Nursing			Home Hea	alth		Outpatient			
Physician			Personal C	Care		Lab	oratory		
Transportation	1		Xover A			Xov	er B		
Cap Pay			Man Fee			Adr	nin		
Asmt Fee									
Date Information									
Effective Date	Code		Effectiv	ve Date		Rev	ision Date	<del></del>	
Media/Disposition/Pend Location Codes									
Media			LOC		Dis	р			

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-459 ESC-459

## **Edit Information**

Edit Number	459	esc Number	459	NCPDP Code	

Short Desc	Valid Risk Screen Not Attached		
Long Desc	Valid Risk screen not attached.		
Edit Criteria	If the provider class type is not = 26, 38, 39, 44, 46, 47, 53, 63, 64, 73 or 106, and the Medical and Administrative Codes Database pend for review of service = 'R',  1) and the payment request was submitted on paper, and there is no attachment, set the edit.  2) and the payment request was electronically submitted, set the edit.		

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

## Claim Type

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	
Physician	Υ	Personal Care	Laboratory	
Transportation		Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

#### Date Information

Effective Date Code	DOS Effective Date	Revision Date	
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Media	LOC	Disp	
Paper		N/A	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		N/A	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			_
None			
Resolution (None)			

# Edit/Audit Inquiry Results Edit-460 ESC-460

Edit Information										
Edit Number	460		esc Number	460	N	ICPDP C	ode			
	_									
Short Desc Valid Care Coord Document Not Attached										
Long Desc										
Edit Criteria This edit is no longer valid and is not included in the new MMIS.										
General Inc	dicators	5								
Reject Ind		Den	ıy Ind			Override	Ind			
PrtRA Ind		PA	Override Ind			Compou	nd Ind			
Туре		Prio	rity			Recycle I	Days		0	
HIPAA esc		Cutl	Back Ind							
Program Ir	ndicator	'S								
Medicaid			SLH				TDO			
FAMIS			Assessments							
Claim Type	e									
Dental			Pharmacy			Inpa	atient			
Nursing			Home Hea	Home Health		Outpatient				
Physician			Personal C	Personal Care		Laboratory				
Transportation	1		Xover A			Xover B				
Cap Pay			Man Fee			Admin				
Asmt Fee										
Date Information										
Effective Date Code Effective Date Revision Date										
Media/Disposition/Pend Location Codes										
Media			LOC		Dis	sp				

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-461 ESC-461

#### **Edit Information**

Edit Number	461	esc Number	461	NCPDP Code	

Short Desc	Units/Visits/Studies Not Equal Days
Long Desc	The service units billed do not match the number of days covered by the dates of service.
Edit Criteria	For Practitioner (claim type 05):
	If the procedure code billed is Z9105 - Z9110 or Enrollee Exception Indicator is not 'Q' and procedure code is G9002:
	If the U/V/S is not = the thru date minus the from date plus 1, set the edit.
	For provider class type = 46 (Hospice), if the procedure code billed is not equal to Z9431(Continue Home Care) and the U/V/S is not equal to the thru date minus the from date plus 1, set the edit.
	All Hospice services except Z9431 are based on one service per treatment day.
	This edit is also used by Pend Resolution to deny pended payment requests.
	As of June 3rd, 2013, this edit is bypassed if the procedure code is found on the RF_MUE_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.
	See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

## Program Indicators

Medicaid	I Y	SLH	Υ	TDO	Υ
FAMIS	Υ	Assessments			

Claim Type							
Dental		Pha	armacy		Inpatient		
Nursing		Hor	ne Health		Outpatient		
Physician	Υ	Per	sonal Care		Laboratory		
Transportation		Xov	ver A		Xover B		
Cap Pay		Mar	n Fee		Admin		
Asmt Fee							
Date Information							
Effective Date Code		DC	OS Effective Date		Revision Da	te	
Media/Disposition/Pend	l Lo	ocai	tion Codes	-	_		
Media			LOC	Disp			
Paper				DENY			
				DENY			
EMC	EMC			DENY			
				DENY			
Adjustment				DENY			
				DENY			
POS				PAY			
Encounter				2			
Special Batch			217	PEND			
PA							
Programs							
(None)							
Exceptions			_		_		
None							
Resolution							
(None)							

## Edit/Audit Inquiry Results Edit-462 ESC-462

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	nto	rm	ati	<u>on</u>
	nfo			UII

Edit Number	462	esc Number	462	NCPDP Code	EC

Short Desc	Identify Each Ingredient with NDC		
Long Desc	Identify Each Ingredient with NDC		
	For compound drug payment requests, each ingredient must be a valid NDC. If the number of ingredients entered is not the same as the number of NDCs entered on the request, the edit will set.		

#### General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	Υ
Туре	Z	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	SLH	TDO	
FAMIS	Assessments		

## Claim Type

Dental	Pharmacy	Υ	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

## Date Information

Effective Date Code	Effective Date	Revision Date	
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	sition/Pend Location		Τ	1
Media	LC	C	Disp	
Paper			DENY	
			DENY	
EMC			DENY	
			DENY	
Adjustment			DENY	
			DENY	
POS			DENY	
Encounter			0	
Special Batch				
PA				
Programs				
Program	Program Title			
VPTM1DRG	POS Pharmacy Claims	s Drug Edits Pro	cess	
Exceptions				
None				
Resolution				
(None)				

## Edit/Audit Inquiry Results Edit-463 ESC-463

	rmation
	KING ATLAIG

Edit Number	463	esc Number	463	NCPDP Code	

Short Desc	Bill Contractor
Long Desc	Bill Contractor
Edit Criteria	If it is a Dental Claim (Claim type 11)
	Bypass the edit if procedure code=D8999 and Thru-Date of service = 07/01/2005.
	For encounter claims
	and Service vendor is NOT in value set DENTAL SERVICE CENTERS (1011 - Humana, 1013 - Anthem, 1076 – Doral) if Thru-Date of Service is greater than 06/30/2005 post the edit
	For FFS and Thru-Date of Service is greater than 06/30/2005 post edit irrespective of Service vendor number
	If it is a FFS Transportation claim (Claim type 13) If procedure in Value Set 'PROC-TRANSPORT - NON-EMERGENCY', post the edit.

## **General Indicators**

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	Z	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	Υ	SLH	TDO	Υ
FAMIS	Υ	Assessments		

## Claim Type

Nursing		Home Health	Outpatient	
Physician		Personal Care	Laboratory	
Transportation	Υ	Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

## Date Information

Effective Date Code	Effective Date	Revision Date

## Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

## Programs

Program	Program Title
CPA014	ADA Edits

## Exceptions

None

## Resolution

# Edit/Audit Inquiry Results Edit-464 ESC-464

### **Edit Information**

Edit Number	464	esc Number	464	NCPDP Code	85

Short Desc	Invalid Drug Code; Not a Compound		
Long Desc	Invalid Drug Code; Not a Compound		
	If a compound drug is indicated and only one NDC code is specified on the payment request, set the edit.		
	This edit will fail if a compound drug claim is submitted without at least one covered legend drug.		

### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	G	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

# **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

# Claim Type

Dental	Pharmacy	Υ	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Effective Date Code	Effe	ective Date	Re	vision Date		
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Media/Dispos	sition/Pend Loca	tion Codes	5	
Media		LOC	Disp	
Paper			DENY	
			DENY	
EMC			DENY	
			DENY	
Adjustment			DENY	
			DENY	
POS			DENY	
Encounter			6	
Special Batch				
PA				
Programs				
Program	Program Title			
VPTM1DRG	POS Pharmacy Cl	aims Drug Ed	its Process	
Exceptions		-		_
None				
Resolution				
(None)				

# Edit/Audit Inquiry Results Edit-465 ESC-465

## **Edit Information**

|--|

Short Desc	M/I Presc/Serv Ref Number Qualifier
Long Desc	M/I Prescription/Service Reference Number Qualifier
	For service transactions only, when the Service Reference Number Qualifier is not equal to "02", set edit 465

### General Indicators

Reject Ind	Deny Ind	Override Ind
PrtRA Ind	PA Override Ind	Compound Ind
Туре	Priority	Recycle Days 0
HIPAA esc	CutBack Ind	

### Program Indicators

Medicaid	SLH	TDO	
FAMIS	Assessments		

# Claim Type

<b>D</b> ( )	le:	l
Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

Effective Date Code	Effective Date	Revision Date	
11/21/2011			

Media/Disposition/Pend Loca	ation Codes		
Media	LOC	Disp	
Paper			
EMC			
A. II			
Adjustment			
POS			
Encounter			
Special Batch			
PA			
Programs	_	_	
(None)			
Exceptions			
None			
Resolution	_	_	_
(None)			
(NOTIE)			

# Edit/Audit Inquiry Results Edit-466 ESC-466

### **Edit Information**

Edit Number	466	oco Numbor	466	NCPDP Code	
Edit Nullibei	400	esc Number	400	INCPUP Code	

Short Desc	Invalid Payment Request for HMO Provider		
Long Desc	Invalid payment request for HMO provider.		
	If the provider class type for any claim type is = 87 or 89 (HMO Medallion II or HMO Options), set the edit.		
	See value set, HMO PROV TYPES - E0466.		

#### **General Indicators**

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	Р	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

## Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

# Claim Type

Dental	Υ	Pharmacy		Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Effective Date Code	DOS	Effective Date	Revision Date

Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
Resolution			
Resolution			

# Edit/Audit Inquiry Results Edit-467 ESC-467

## **Edit Information**

Edit Number 467 esc Number 467	7 NCPDP Code E1
--------------------------------	-----------------

Short Desc	M/I Product/Service ID Qualifier
Long Desc	M/I Product/Service ID Qualifier
	For service transactions, when the Product / Service qualifier is not "99", set edit 467 For drug transactions, when the Product / Service qualifier is not "00" or "03", set edit 467. Or, when the Product / Service qualifier is "00" and the compound indicator is not "2", set edit 467. Or when the Product / Service qualifier is not "03", and the compound indicator is "2", set edit 467.

#### **General Indicators**

Reject Ind	Deny Ind		Override Ind	
PrtRA Ind	PA Overrid	le Ind	Compound Ind	
Туре	Priority		Recycle Days	0
HIPAA esc	CutBack In	d		

## **Program Indicators**

Medicaid	SLH	TDO	
FAMIS	Assessments		

# Claim Type

Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

Effective Date Code	Effective Date	Revision Date
---------------------	----------------	---------------

Media/Disposition/Pend Locat	tion Codes		
Media	LOC	Disp	
Paper			
EMC			
Adjustment			
Adjustment			
POS			
Encounter			
Special Batch			
PA			
Programs			_
(None)			
Exceptions			
None			
Resolution			
Title XVIII: Review attachment.  1. If attachment is Medicare EOB and the override with code 0467 and disposition  2. If attachment is not a Medicare EOB, of the other and disposition in the other EOB but the code 0467 and disposition indicator D.	indicator O. deny with code 0244	and disposition indicator	rD.

# Edit/Audit Inquiry Results Edit-468 ESC-468

# **Edit Information**

Edit Number	468	esc Number	468	NCPDP Code	
Edit Nullibei	<del>4</del> 00	escivatibei	400	INCEDE Code	

Short Desc	Rendering Provider Not Certified to Perform Procedure		
Long Desc	Provider Not Certified to Perform This Procedure or Service.		
Edit Criteria	This edit is combined with edit 0148.  NOTE:  If the provider class type and specialty are carried on the Medical and Administrative Codes Database, then this edit could be simplified to match them against the Provider File class type and specialty. See edit 0148.		
	Exceptions are placed on a provider to allow him to get paid for a service that he would normally not get paid for or to not get paid for a service that he might get paid for. An exception will be applied to a provider at a program level for a period of time and will have a range of procedure codes. The action that needs to be taken on the claim will be to approve the claim. This information is contained in the provider table, PS_PROV_PGM_RSTRCT. Before this edit is done, this table should be queried to see if the provider has an exception and if this edit should be bypassed. See edit 0960.		
	Set the edit if any of the following is true:		
	For Inpatient (claim type 01) or Outpatient, Home Health (claim type 03): If the provider class type = 03 or 07 and the provider specialty code is not = 35 (EPSDT).		
	For Personal Care (claim type 04):  If provider class type = 55 (personal care) and the from date of service is > 7/1/94, and  1) the enrollee's exception indicator = X (CSB provided wavered MR services (OBRA 87)) (this is going away-should it be dated) and one of the provider specialty codes is not = 45 (new CSB providing substance abuse services)  2) the enrollee's exception indicator = Y (CSB provided wavered MR services)		

or 46 (new CSB providing wavered mental retardation services or private contractor of MR services to a CSB) 3) the enrollee's exception indicator = Y (CSB provided wavered MR services (Non-OBRA 87)) and one of the provider specialty codes is = 44 or 46 but none of the Medical and Administrative Codes Database indicator flags is = 44 or 46 (CSB wavered MR services CSB MR private contractor). For Practitioner (claim type 05): 1) If the procedure code indicates case management (Medical and Administrative Codes Database flag indicator = CM, SA, FA) and the provider class type = 73 (case management, waivers) and none of the provider specialty codes is = 30, 31, 33, or 34 2) If the procedure code indicates case management and the provider class type = 51 (Health Department Clinics) and none of the provider specialty codes is = 32 3) If the procedure code indicates assisted living (Medical and Administrative Codes Database flag indicator = F or J) and the provider class type is not = 79 (assisted living) 4) If the procedure code indicates assisted living, the provider class type = 79, the Medical and Administrative Codes Database flag indicator = F, and none of the provider specialty codes is = 48 5) If the procedure code indicates assisted living, the provider class type = 79, the Medical and Administrative Codes Database flag indicator = J, and none of the provider specialty codes is = 49 6) If the provider class type = 56, the first position of the procedure code is not = Z, the payment request is not a reentry, one of the provider specialty codes is = 43, 44, 45, or 46, but none of the Medical and Administrative Codes Database flag indicators matches the provider specialty codes 7) If the provider class type = 56, the first position of the procedure code is = Z, the payment request is not a reentry, one of the provider specialty codes is = 43, 44, 45, or 46, but none of the Medical and Administrative Codes Database flag indicators matches the provider specialty codes 8) if the enrollee's exception indicator = X or Y (indicating MR waiver) and the provider class type is not = 47 (Respite Care), 56 (Mental Health Center), or 63 (Private Duty Nursing) 9) if the enrollee's exception indicator = X and the provider class

- type = 47, 56, or 63, but none of the provider's specialty codes is = 45
- 10) if the enrollee's exception indicator = Y and the provider class type = 47, 56, or 63, but none of the provider's specialty codes is = 44 or 46
- 11) if one of the Medical and Administrative Codes Database flag indicators = 43 and the provider class type is not = 56 (Mental Health Center)
- 12) if one of the Medical and Administrative Codes Database flag indicators = 43 and the provider class type is = 56 (Mental Health Center), but none of the provider specialty codes is = 43 13) If the provider class type = 73 (case management, waivers), specialty = 40, and the procedure code does not indicate service coordinators or CDPAS (Medical and Administrative Codes Database flag indicator = Q)
- 14) If the Medical and Administrative Codes Database flag indicator = Q and the enrollee's exception indicator = Q, but the servicing provider is not equal to the enrollee's CDPAS coordinator on the Enrollee Datastore.
- 15) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 25 and any of the provider's specialties is not 25. If one of the provider specialties is 25, set the provider specialty to 25 on the claim.
- 16) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 26 and any of the provider's specialties is not 26. If one of the provider specialties is 26, set the provider specialty to 26 on the claim.
- 17) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 27 and any of the provider's specialties is not 27. If one of the provider specialties is 27, set the provider specialty to 27 on the claim.
- 18) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 28 and any of the provider's specialties is not 28. If one of the provider specialties is 28, set the provider specialty to 28 on the claim.
- 19) If the provider type = 72 and any of the Medical and Administrative Codes Database flag indicators = 29 and any of the provider's specialties is not 29. If one of the provider specialties is 29, set the provider specialty to 29 on the claim.

Canaval Indiantava							
General Indicators							
Reject Ind	Den	y Ind			Override Ind		
PrtRA Ind	PA (	Override	Ind		Compou		
Туре	Prio	rity			Recycle l	Days	0
HIPAA esc	Cut	Back Ind					
Program Indicator	S						
Medicaid		SLH				TDO	
FAMIS		Asses	ssments				
Claim Type							
Dental		Pha	armacy		Inp	atient	
Nursing		Hor	me Health		Out	patient	
Physician		Per	sonal Care		Lab	oratory	
Transportation		Χον	ver A		Xov	/er B	
Cap Pay		Mai	n Fee	Admin		min	
Asmt Fee							
Date Information			_				
Effective Date Code			Effective Date		Rev	ision Date	
Media/Disposition	/Pend	Locat	tion Codes				
Media			LOC	Dis	p		
Paper					<u> </u>		
·							
EMC							
Adjustment							
POS							
Encounter							
Special Batch							
PA							
Programs							
(None)							
	· · ·						

Exceptions	
None	
Resolution	
(None)	

# Edit/Audit Inquiry Results Edit-469 ESC-469

<b>Edit Inforn</b>	nation														
Edit Number	469			esc l	Number	469	١	NCPD	РС	ode					
Short Desc	Submitte	ed Do	cun	nents	Not Suita	ble for Review	,								
Long Desc	Submitte	ed Do	cun	nents	Not Suita	ble for Review	,								
Edit Criteria	This edit requests			•	•	Processing Ur	nit to	o deny	/ pay	men	t				
General Indicators															
Reject Ind			De	eny Ir	nd		Υ	Ove	rride	Ind				T	
PrtRA Ind		Υ	_		erride Ind		Ť	_		ind Ir	ıd				
Туре		0	_	iority				Recycle Days					0		
HIPAA esc			_		ack Ind				<i>,</i>						
Program li	ndicato	rs													
Medicaid		Υ		SI	LH			Υ		TDO	)				
FAMIS		Υ		A	ssessment	S									
Claim Typ	е														
Dental					Pharmacy				Inpa	atient				1	Y
Nursing				Home Health					Out	patie	nt			\	Y
Physician				Υ	Y Personal Care			Laboratory							
Transportatio	n				Xover A				Xov	er B					
Cap Pay				Man Fee				Adn	nin						
Asmt Fee															
Date Information															
Effective Date Code DOS Effective Date Revision Date															
Media/Dis	Media/Disposition/Pend Location Codes														
Media					LOC		Dis	sp							

		1	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

# Programs

(None)

# Exceptions

None

# Resolution

(None)

# Edit/Audit Inquiry Results Edit-470 ESC-470

	SATIAN
	 nation

Edit Number	470	oog Number	470	NCDDD Code	63
Edit Number	470	esc Number	<del> 4</del> 70	NCPDP Code	ဝ၁

		/		
Short Desc	Not Covered/Nursing Facility Supply Item			
Long Desc	Not Covered/Nursing Facility Supply Item			
	For nursing home enrollees (enrollee exception indicator = 1, 2, 7), certain drugs and supplies are included in the nursing home rate and are not reimbursed to the pharmacy. These drugs are identified by a NDC service limitation of 4 on the Medical and Administrative Codes Database. If a NDC has a service limitation = 4, set the edit. Exception Indicator of "D" was included until release 15 (12/19/2005)			

#### **General Indicators**

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	G	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

## **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

# Claim Type

Dental	Pharmacy	Y	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	
Cap Pay	Man Fee		Admin	
Asmt Fee				

Effective Date Code	DOS Effective Date	Revision Date	

	sition/Pend Location		Τ	1
Media	LC	C	Disp	
Paper			DENY	
			DENY	
EMC			DENY	
			DENY	
Adjustment			DENY	
			DENY	
POS			DENY	
Encounter			0	
Special Batch				
PA				
Programs				
Program	Program Title			
VPTM1DRG	POS Pharmacy Claims	s Drug Edits Pro	cess	
Exceptions				
None				
Resolution				
(None)				

# Edit/Audit Inquiry Results Edit-471 ESC-471

### **Edit Information**

Edit Number	471	esc Number	471	NCPDP Code	

Short Desc	Not Eligible for MICC Serv on Date of Serv		
Long Desc	Not Eligible for MICC Serv on Date of Serv		T
	If the from date of service is >= 10/01/90 and the procedure code's pend for review indicator = M on the Medical and Administrative Codes Database, and the claim's dates of service are not within the MICC begin and end dates on RS_MICC_CASE_MGMT, set the edit.		

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

# Claim Type

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	
Physician	Υ	Personal Care	Laboratory	
Transportation		Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

Lifective Date Code   DOS   Lifective Date	Effective Date Code	DOS Effective Date	Revision Date
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Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
Resolution			
Resolution			

# Edit/Audit Inquiry Results Edit-472 ESC-472

### **Edit Information**

Edit Number	472	esc Number	472	NCPDP Code	
			· · · —		

Short Desc	Enrollee Not Authorized for MICC Service		·
Long Desc	Enrollee Not Authorized for MICC Service		
	If the from date of service is >= 10/01/90 and the procedure code's pend for review indicator = M on the Medical and Administrative Codes Database, and there is no record on RS_MICC_CASE_MGMT for the person id, set the edit.		

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### Program Indicators

Medicaid	Υ	SLH	Υ	TDO	Υ
FAMIS	Υ	Assessments			

# Claim Type

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	
Physician	Υ	Personal Care	Laboratory	
Transportation		Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

Effective Date Code	DOS	Effective Date	Revision Date

Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
Resolution			
Resolution			

# Edit/Audit Inquiry Results Edit-473 ESC-473

### **Edit Information**

Edit Number	473	esc Number	473	NCPDP Code	

Short Desc	Outcome Report Not Received		
Long Desc	Outcome Report Not Received		
	If the from date of service is >= 10/01/90 and the procedure code's pend for review indicator = M on the Medical and Administrative Codes Database, and the case management outcome report indicator (DE 8404) on RS_MICC_CASE_MGMT does not = 'Y' (meaning the outcome report has not been received), set the edit.  Use the enrollee's permanent person id (DE 3093) to read RS_MICC_CASE_MGMT and check the claim's from and thru dates of service against the MICC begin (DE 8403) and end (DE 8489) dates to find the correct record for checking the outcome report indicator.		

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

## Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

# Claim Type

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	
Physician	Υ	Personal Care	Laboratory	
Transportation		Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

Date Information		
Effective Date Code	DOS Effective Date	e Revision Date
Media/Disposition/Pend Lo	cation Codes	
Media	LOC	Disp
Paper		OFF
		OFF
EMC		OFF
		OFF
Adjustment		OFF
		OFF
POS		PAY
Encounter		0
Special Batch		OFF
PA		
Programs		
(None)		
(1010)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-474 ESC-474

<b>Edit Inform</b>	ation										
Edit Number 474			esc Number	474	N	ICPDI	P Code				
	•										
Short Desc	Over Age	2, Infar	nt Risk Screen N	Not Required							
Long Desc	SC										
Edit Criteria This edit is not used and is deleted from the new MMIS. Edits 292, 295, and 459 are used for Risk Screen.											
					_	_					
General Inc	ulcators					_					
Reject Ind			y Ind		_		ide Ind				
PrtRA Ind			Override Ind				ound Ind				
Туре		Prio	•			Recyc	cle Days			0	
HIPAA esc		Cuti	Back Ind								
Program In	dicator	S									
Medicaid			SLH				TDO				
FAMIS			Assessment	S							
Claim Type	<b>.</b>										
Dental			Pharmacy				Inpatient				
Nursing			Home Hea	Home Health		Outpatient					
Physician			Personal C	Personal Care		Laboratory					
Transportation	)		Xover A	Xover A		Xover B					
Cap Pay		Man Fee	Man Fee		Admin						
Asmt Fee											
Date Information											
Effective Date Code Effective Date Revision Date											
Media/Disposition/Pend Location Codes											
	osition	Pend		oaes							
Media			LOC		Dis	sp					

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-475 ESC-475

### **Edit Information**

|--|

Short Desc	Adjustment Denied, Patient Status Cannot Change		
Long Desc	Adjustment Denied, Patient Status Cannot Change		
	For Inpatient (claim type 01) PCT 01 (General Hospitals), 14 (Rehab Hospitals), 85 (Rehab Hospitals) and 91 (Hospitals):  If the adjustment discharge status = 30, but the original payment request's discharge status is not = 30 or if the original payment request's discharge status = 30, but the adjustment discharge status is not = 30, set the edit.		

### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	J	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### **Program Indicators**

Medicaid		SLH	Υ	TDO	
FAMIS	Υ	Assessments			

## Claim Type

Dental	Pharmacy	Inpatient Y
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

Effective Date Code	DOS Effective Date	Revision Date	
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Media	LOC	Disp	
Paper		DENY	
. цро.		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
Program	Program Ti	tle	
CPA020	Adjustment E	dits	
Exceptions			
None			
Resolution			
(None)			

# Edit/Audit Inquiry Results Edit-476 ESC-476

## **Edit Information**

E PLANT	470	N 1	470	NODDDO	
Edit Number	14/6	lesc Number	476	NCPDP Code	
			•••		

Short Desc	BHSA ENCOUNTER - SVC NOT ALLOWED
Long Desc	BHSA ENCOUNTER - SVC NOT ALLOWED
Edit Criteria	This edit applies to Magellan encounters (media 9, service vendor 1077).
	1. If CT not = 01, 03, 05, set edit.
	2. If FDOS < 12/1/2013 and TDOS >= 12/1/2013, set edit 1170 (DOS Spans Billing Change); otherwise, if FDOS < 12/1/2013, set this edit.
	3. If program/subprogram not = 01/01, 07/01, 01/03, 07/03, 01/12, set edit.
	4. CT 05
	If primary diagnosis is in value set "Diag Code Psych Claim" (#314), diagnosis is okay;
	otherwise, if proc code is (H0031, H0032, H0036, or 90889) and primary diagnosis is 7999, diagnosis is okay;
	otherwise, if proc code is (H0023, H0035, or T1016) and member is under 7 years old and primary diagnosis is 7999, diagnosis is okay;
	otherwise, if primary diagnosis is in value set "Pregnancy Diagnosis" (#892) and secondary diagnosis is in value set "Diag Code Psych Claim" (#314), diagnosis is okay; otherwise, set the edit.
	a. If PT/Spec not in value set "BH Professional PT/Spec", set the edit.
	b. If proc code is not in value set "BHSA Proc", set the edit.
	c. If program/subprogram = 01/03 and proc code is in value set "BH Mdcd MCO Proc", set the edit.

- d. If program/subprogram = 07/03 and aid category is not 05 and proc code is in value set "BH FAMIS MCO Proc", set the edit.
- e. If program/subprogram = 07/03 and aid category is 05 and proc code is in value set "BH FAMIS MOM MCO Proc", set the edit.
- f. If program/subprogram = 01/12 and proc code is in value set "BH CCC Proc", set the edit.
- g. If aid category is "087" (GAP), and proc code is not in value set "BH GAP Proc", set the edit.

#### 5. CT 01 and 03

- a. If PT is not in value set "BH Institutional Prov Type", set the edit.
- b. If primary diagnosis is in value set "Diag Code Psych Claim", diagnosis is okay;
- otherwise, if primary diagnosis is in value set "Pregnancy Diagnosis" (#892) and secondary diagnosis is in value set "Diag Code Psych Claim" (#314), diagnosis is okay; otherwise, set the edit.
- c. If PT = 077 and any revenue code is in value set "EPSDT Miscellaneous Services", set the edit.
- d. If CT = 03 and all revenue codes are in value set "Lab Revenue Codes", set the edit.
- e. If program/subprogram = 01/03,
- If CT = 01 and PT is not 012, 077, set the edit.
- If CT = 03, set the edit.
- f. If program/subprogram = 07/03, aid category not = 05
- If CT = 01 and PT = 001 or 091, set the edit.
- If CT = 03, set the edit.
- g. If program/subprogram = 07/03 and aid category = 05,
- If CT = 01 and PT = 001, 003 or 091, set the edit.
- If CT = 03, set the edit.
- h. If program/subprogram = 01/12,
- If CT = 01 and PT = 001, 003 or 091, set the edit.
- If CT = 03, set the edit.
- i. If aid category is "087" (GAP), set the edit.
- h. If aid category is not '087' (GAP) and proc code is H0023 with proc modifier UB or UC, set the edit.

General Indicator	S									
Reject Ind		Den	ıy In	ıd		Υ	Ove	rride Ind		Υ
PrtRA Ind	Υ	PA Override			Ind			pound Ind		
Туре	0	Prio	rity				Rec	ycle Days		0
HIPAA esc	CutBack Inc			k Ind						
Drogram Indicate	<b></b>				_			_	_	_
Program Indicato			_							
Medicaid	Y			SLH				TDO	Y	
FAMIS	Υ		P	Asses	ssments					
Claim Type										
Dental				Pha	rmacy			Inpatient		Υ
Nursing			Υ	Hon	ne Health		Υ	Outpatient		Υ
Physician			Υ	Per	sonal Care		Υ	Laboratory		Υ
Transportation			Υ	Xov	er A			Xover B		
Cap Pay				Mar	n Fee			Admin		
Asmt Fee										
Date Information										
Effective Date Code					Effective Date			Revision Date	Э	
Media/Disposition	1/P	end	L	ocat	ion Codes	۰	۰	_		
Media					LOC	Dis	sp			
Paper										
EMC										
						-				
A 12 . ( (										
Adjustment										
Adjustment POS										
POS						8				
POS Encounter						8				
POS Encounter BH Encounter						8				
POS Encounter BH Encounter Special Batch PA						8				
POS Encounter BH Encounter Special Batch						8				

CPA340VA	
Exceptions	
None	
Resolution	
(None)	

# Edit/Audit Inquiry Results Edit-477 ESC-477

## **Edit Information**

Calif Nilamada and A77	a a a Niconala a o	477	NODDD 0 - 1 -	
Edit Number   477	esc Number	477	NCPDP Code	

Short Desc	SUBMIT CLAIM TO BHSA CONTRACTOR
Long Desc	SUBMIT CLAIM TO BHSA CONTRACTOR
Edit Criteria	This edit applies to claims only, not encounters.
	1. If CT not = 01, 03, 05, bypass edit.
	2. If program/subprogram not = 01/01, 07/01, 01/03, 07/03, 01/12, bypass edit.
	3. CT 05
	<ul> <li>a. All</li> <li>If PT/Spec is not in value set "BH Professional PT/Spec" or PT = 20 or 95, bypass the edit.</li> <li>If proc code is in value set "BH Diag Proc"</li> </ul>
	<ul> <li>If primary diagnosis is in value set "Diag Code Psych Claim", perform Check-DOS</li> </ul>
	<ul> <li>If primary diagnosis is in value set "Pregnancy Diagnosis" and sec- ondary diagnosis is in value set "Diag Code Psych Claim", perform Check-DOS</li> </ul>
	b. If subprogram = 01 and proc cd is in "BH – Magellan Only Proc", perform Check-DOS;
	c. If program/subprogram = 01/03 and proc code is in value set "BH Mdcd MCO Carveout", perform Check-DOS.
	d. If program/subprogram = 07/03 and aid category is not 05 and proc code is in value set "BH FAMIS MCO Carveout", perform Check-DOS.
	e. If program/subprogram = 07/03 and aid category is 05 and proc code is in value set "BH FAMIS MOM MCO Carveout", perform Check-DOS.
	f. If program/subprogram = 01/12 and proc code is in value set "BH CCCCarveout", perform Check-DOS.
	4. CT 01, 03

- a. If PT is not in value set "BH Institutional Prov Type", bypass the edit.
- b. If PT = 077 and any revenue code is in value set "EPSDT Miscellaneous Services", bypass the edit.
- c. If CT = 03 and all revenue codes are in value set "Lab Revenue Codes", bypass the edit.
- d. If subprogram = 01, CT = 03 and primary diagnosis is in value set "Diag Code Psych Claim", check all revenue code lines. If revenue line procedure code is in "BHSA Proc", perform Check-DOS.
- e. If program/subprogram = 01/01, CT = 01 and primary diagnosis is in value set "Diag Code Psych Claim", perform Check-DOS.
- f. If program/subprogram = 07/01, CT = 01, PT = 001 or 091 and primary diagnosis is in value set "Diag Code Psych Claim", perform Check-DOS.
- g. If program/subprogram = 01/03 and CT = 01 and PT = 012, 077 and diagnosis is in value set "Diag Code Psych Claim", perform Check-DOS.
- h. If program/subprogram = 07/03 and aid category is 05 and CT = 01 and PT = 077 and diagnosis is in value set "Diag Code Psych Claim", perform Check-DOS.
- i. If program/subprogram = 01/12 and CT = 01 and PT = 002, 007, or 012 and diagnosis is in value set "Diag Code Psych Claim", perform Check-DOS.

Check-DOS:

If FDOS < 12/1/2013 and TDOS >= 12/1/2013, set edit 1170 (DOS Spans Billing Change); otherwise, if FDOS >= 12/1/2013, set this edit. For CT 03, set the edit at the line level.

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

Claim Type						
Dental		Pha	armacy		Inpatient	Υ
Nursing	Hom				Outpatient	Y
Physician					Laboratory	
Transportation		Xοι	ver A		Xover B	
Cap Pay		Mai	n Fee		Admin	
Asmt Fee						
Date Information						
Effective Date Code			Effective Date		Revision Date	
Media/Disposition/Pe	end L	oca	tion Codes			
Media			LOC	Disp	)	
Paper				D		
EMC				D		
Adjustment				D		
POS						
Encounter						
Special Batch			217	Р		
PA						
Programs						
CPA330VA						
0171000771						
CPA340VA						
Exceptions	-			-		_
-						
Disposition for CT 03 is N.						
Resolution						
(None)						

# Edit/Audit Inquiry Results Edit-478 ESC-478

	mation
Intor	MOTION

Edit Number	478	esc Number	478	NCPDP Code	

Short Desc	BHSA - INVALID OBJECT CD SUBMITTED
Long Desc	BHSA ENCOUNTER - INVALID OBJECT CODE SUBMITTED
	This edit applies to Magellan encounters (media 9, service vendor 1077). If the budget account number (This is derived from the submitted object code) is 0, set the edit.

#### **General Indicators**

Reject Ind		Deny Ind	Υ	Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

### **Program Indicators**

Medicaid	Υ	SLH	TDO	Υ
FAMIS	Υ	Assessments		

# Claim Type

Dental		Pharmacy		Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

### Date Information

Effective Date Code	Effective Date	Revision Date	
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# Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		
EMC		
Adjustment		
POS		
BH Encounter	8	
Special Batch		
PA		
Programs		
CPA100VA		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-479 ESC-479

<b>Edit Inform</b>	ation								
Edit Number	479		esc Number	479	N	ICPDP C	ode		
	•				,				
Short Desc	No HCP0	Cs Code	on Invoice						
Long Desc									
Edit Criteria	This edit i	is no lon	ger valid and is	not includ	led in the	new MM	IIS.		
General Inc	dicators	5							
Reject Ind		Den	y Ind			Override	Ind		
PrtRA Ind		PA	Override Ind			Compou	nd Ind		
Туре		Prio	rity			Recycle I	Days	0	
HIPAA esc		Cutl	Back Ind						
Program In	ıdicatoı	rs							
Medicaid			SLH				TDO		
FAMIS			Assessmen	ts					
Claim Type	<del>,</del>								
Dental			Pharmacy	y		Inp	atient	Τ	
Nursing			Home He	alth		Out	tpatient		
Physician			Personal	Care			oratory		
Transportation	1		Xover A				ver B	$\perp$	
Cap Pay			Man Fee			Adr	min	4	
Asmt Fee									
Date Inforn	nation								
Effective Date	Code		Effecti	ive Date		Rev	rision Date		
Media/Disp	osition	/Pend	Location (	Codes					
Media			LOC		Dis	sp			

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-480 ESC-480

### **Edit Information**

Edit Number	480	esc Number	480	NCPDP Code	

Short Desc	Not CLIA Certified to Perform Procedure		
Long Desc	Provider not CLIA certified to perform procedure.		
Edit Criteria	For Practitioner (claim type 05):  1) If the from date of service is > 01/16/96, the procedure code = 78110, 78111, 78120, 78121, 78122, 78130, 78160, 78270, 78271, 78272 and the procedure modifier = 26 or 52 (professional component), bypass the edit.  2) If the from date of service is > 1/16/96, the procedure code is 88312, 88313, 88314 and the procedure modifier = TC (technical component), bypass the edit.  3) If the from date of service is > 09/30/98 and the provider class type = 20 (Physician), 23 (Nurse Practitioner), or 35 (Nurse Midwife) and the procedure code indicator flag = WV (Waivered Lab), LB (CLIA Lab), or MP (CLIA PPMP), the edit is set if one of the following conditions is true based on the CLIA number submitted on the payment request:  a) the CLIA number on the payment request = zeros  b) the CLIA number on the payment request is not on CLIA Master database  c) the CLIA number(s) is on the CLIA Master Database, but none is valid for the payment request's dates of service  d) the flag indicator = MP, but the CLIA certification type is not = 1, 3, 4, 9  e) the flag indicator = LB, but the CLIA certification type is not = 1, 3, 9  f) the flag indicator = WV, but the CLIA certification type is not = 1, 2, 3, 4, 9  4) If the from date of service is > 2/14/95 and the provider class type = 46  (Hospice), 50 (Renal Unit), 51 (Health Department Clinic), 52 (FQHC), 53 (Rural Health Clinic), or billing provider class type = 72 (Department of Education) and the procedure code indicator flag = WV (Waivered Lab), LB (CLIA Lab), or MP (CLIA PPMP), the edit is set if one of the following is true:		

- a) the CLIA number on the payment request = zeros
- b) the CLIA number on the payment request is not on CLIA Master database
- c) the CLIA number(s) is on the CLIA Master Database, but none is valid for the payment

request's dates of service

- d) the flag indicator = MP, but the CLIA certification type is not = 1, 3, 4, 9
- e) the flag indicator = LB, but the CLIA certification type is not = 1, 3, 9
- f) the flag indicator = WV, but the CLIA certification type is not = 1, 2, 3, 4,

For Laboratory (claim type 08):

If the from date of service is > 7/31/93 and the provider class type = 70 (Independent Laboratory) and the procedure code indicator flag = WV (Waivered Lab), LB (CLIA Lab), or MP (CLIA PPMP), the edit is set if one of the following is true:

a) none of the servicing provider's CLIA numbers (from the Provider-CLIA Xref

Database) is found on the CLIA Master Database; if the first 2 positions of any CLIA

number are 'VA', bypass the edit

b) the CLIA number(s) is on the CLIA Master Database, but none is valid for the payment

request's dates of service

- c) the flag indicator = MP, but the CLIA certification type is not = 1, 3, 4, 9
- d) the flag indicator = LB, but the CLIA certification type is not = 1, 3, 9
- e) the flag indicator = WV, but the CLIA certification type is not = 1, 2, 3, 4, 9

See value set, CLIA PROC CODES.

#### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

Claim Type							
Dental		Pha	armacy		Inpatient		
Nursing		Hor	me Health		Outpatient		
Physician	Υ	Per	sonal Care		Laboratory		Υ
Transportation		Χον	ver A		Xover B		
Cap Pay		Mai	n Fee		Admin		
Asmt Fee							
Date Information							
Effective Date Code		DC	OS Effective Date		Revision Da	te	
Media/Disposition/Pen	d L	oca	tion Codes		_		
Media			LOC	Disp			
Paper				DENY			
				DENY			
EMC				DENY			
				DENY			
Adjustment				DENY			
				DENY			
POS				PAY			
Encounter				0			
Special Batch			217	PEND			
PA							
Programs					_		
(None)							
Exceptions							
None							
Resolution							
(None)							

# Edit/Audit Inquiry Results Edit-481 ESC-481

### **Edit Information**

Edit Number	481	esc Number	481	NCPDP Code	

			/
Short Desc	Nursing Home Patient: PA Required		
Long Desc	Nursing Home Patient; PA required		
Edit Criteria	For Practitioner (claim type 05):  If the provider class type is 62 (DME), and the enrollee is in a nursing home (enrollee exception indicator is 1, 2, or 7), or enrolled is a VALTC LIMITED benefit (VALTC-REGULAR-LTD, VALTC-PLUS-LTD, or VALTC-XTRA-LTD) and the procedure code requires a PA (PA type = 01 or 03), and an approved PA is not found on the PA File, set the edit.  If the procedure does not require a PA (PA type not = '01' or '03'), the PA table is not referenced even if a PA is on the claim, unless the PA type is '02', then it is checked in history editing to extend service limits.  The edit is bypassed for 'L' procedure codes in the range L5000-L9999 and for 'L' codes with type 02 PA.		
	and 10. 2 00000 mar type 02. 7 ti		

### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

## **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	
Physician	Υ	Personal Care	Laboratory	

Transportation	Xov	er A		Xover B	
Cap Pay	Mar	n Fee		Admin	
Asmt Fee					
Data Information	_		_		_
Date Information					
Effective Date Code	DC	S Effective Date		Revision Date	
Media/Disposition/Pend	Locat	tion Codes			
Media		LOC	Disp		
Paper			DEN	Υ	
			DEN	Y	
EMC			DEN	Υ	
			DEN'	Υ	
Adjustment			DEN		
			DEN	Y	
POS			PAY		
Encounter			0	_	
Special Batch		217	PENI	D	
PA					
Programs					
(None)					
Exceptions					
None					
Resolution					
(None)					

# Edit/Audit Inquiry Results Edit-482 ESC-482

### **Edit Information**

Edit Number	482	esc Number	482	NCPDP Code	

Short Desc	Unable to Validate Enrollee in HMO			
Long Desc	Unable to Validate Enrollee in HMO			
Edit Criteria	Bypass the edit if the payment request is a reentry.  If the provider class type = 67 (HMO Medallion II ) or 69 (HMO Options) and the enrollee is not in an HMO (Medallion II or Options), and there is an attachment OR any procedure modifier = 22 or 99, set edit 0231. If there is no attachment and no procedure modifier equals one of the above, set edit 0482.  If the provider class type = 67 or 69, the enrollee is in Medallion and there is an attachment OR any procedure modifier = 22 or 99, set edit 0231. If there is no attachment and no procedure modifier equals one of the above, set edit 0482.  For Practitioner (claim type 05), if the provider class type = 67 or 69 and the enrollee is in an HMO (Medallion II or Options), verify that the servicing provider submitting the claim is the Immunization provider for the claim dates of service for the HMO the enrollee is in. If not and there is an attachment OR any procedure modifier = 22 or 99, set edit 0231. If there is no attachment and no procedure modifier equals one of the above, set edit 0482. If the provider is the Immunization provider, but the procedure is not an immunization procedure (flag indicator not = OC), set edit 0453.  See value set, ATTACH DISP PROC MODS			
		للت		

### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	R	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

Drogram Indicator	20	_	_		_	_	_		_	
Program Indicator										
Medicaid	Υ		SLH					TDO		
FAMIS	Υ	A	Asses	ssments		Υ				
Claim Type	-							_	-	_
Dental		Υ		rmacy			+	atient		Y
Nursing		Υ		ne Health		Υ	+	patient		Y
Physician		Υ	4	sonal Care		Υ	_	oratory		Y
Transportation		Υ	4	er A		Υ	+	er B		Y
Cap Pay		Υ	Mar	n Fee		Υ	Adr	nin		Y
Asmt Fee		Υ								
Date Information										
Effective Date Code			DC	S Effective Date			Re	evision Da	te	
Media/Disposition	/Pend	d L	ocat	tion Codes						
Media				LOC	Dic	n		T	_	
				LOC	Dis					
Paper					PA` DE					
EMC					DE					
EIVIC					DE					
Adjustment					PA					
Aujustinent					DE					
POS					PA					
Encounter					6					
Special Batch				217	PE	ND				
PA PA										
Programs										
Program				Program Title						
CPA030				Recipient Edits						
Excontions										
Exceptions										
Pend for Capitation, Mar	nagem	ent,	Admi	in Fees, and Assess	ment	S.				

Resolution	
(None)	

# Edit/Audit Inquiry Results Edit-483 ESC-483

### **Edit Information**

Edit Number	483	esc Number	483	NCPDP Code	

Short Desc	Prior Authorization Approval is Pending		
Long Desc	Prior authorization approval is pending, please resubmit when authorized.		
	If a service requires Prior Authorization and a PA number is found on the PA File for the service, but the PA action status = P (pend) or R (Received, but not Approved), set the edit.  If the claim type = 03, this edit will no longer apply to outpatient scans. Oupatient Scans are defined by revenue codes that are in one of the value sets "Revenue MRI Codes", "Revenue CAT Codes", or "Revenue PET Codes". See edit 0165.		

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

Dental	Υ	Pharmacy		Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information		llo s.	
Effective Date Code	DOS Effective Date	Revision Date	
Media/Disposition/Pe	nd Location Codes		
Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
POS		DENY	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
(None)			

# Edit/Audit Inquiry Results Edit-484 ESC-484

Edit Information								
Edit Number 484		esc Number	484	N	ICPDF	Code		
,	'			•				
Short Desc Two Prov	riders Sa	me Service/Da	ate of Servic	e e				
Long Desc Two Prov	riders Sa	me Service/Da	ate of Servic	e				
Edit Criteria This edit i	s no lonç	ger valid and is	not included	d in the	new M	IMIS.		
General Indicators								
Reject Ind				Overri				
PrtRA Ind		PA Override Ind				ound Ind		
Type	Prio				Recycle Days		0	
HIPAA esc	Cut	Back Ind						
Program Indicato	rs							
Medicaid		SLH			Π	TDO	Т	
FAMIS		Assessments				100		
1 AWIO		ASSESSMEN	<u> </u>					
Claim Type								
Dental		Pharmacy	,			npatient		
Nursing		Home Hea	alth			Dutpatient		
Physician		Personal (	Care		L	aboratory		
Transportation		Xover A			>	Kover B		
Cap Pay		Man Fee			ļ ļ	Admin		
Asmt Fee								
Date Information								
Effective Date Code		Effectiv	ve Date		R	tevision Date	Э	
Media/Disposition/Pend Location Codes								
Media		LOC		Dis	sp			

Paper		
EMC		
Adjustment		
POS		
Encounter Charles Batch		
Special Batch PA		
FA		
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-485 ESC-485

NOTE: This edit is no longer in use. The Medallion program ended in the summer of 2012.

		Info		
	п		Telepo	$\alpha$
			1000	

Edit Number	485	esc Number	485	NCPDP Code						
Short Desc	Authorization by	/ Medallion PCP	Not Indicated							
Long Desc	Authorization by	/ medallion PCP	not indicated.							
Edit Criteria	payment reques ician is not equa Provider, set the	st is not exempt f Il to the Primary e edit.	rom the Medalli Care Provider n	on edits, and the or affiliated with	Medallion enrollee's first other Phys-the Primary Care					
		est is exempt fro egin date = the l								
	,	te is not equal to								
	,	· ·		337, or 338 (Ho	,					
		1) The payment request has revenue code 518 (after hours clinic) and the service is done during non-business hours (that is, on Saturday or Sunday, on a weekday								
	_		•	•	, on a weekday hours = space or					
	zeros) or	uis oi 5 Fivi ai iu	o Aivi, oi oii a wi	eekuay when the	rilours – space or					
	·	• • •	e Primary Care	Physician or is at	filiated with the					
	,	request has a re	evenue code = 4	150 - 459 or						
		request has an ergency room) o	· · · · · · · · · · · · · · · · · · ·	of 1 (emergency)	and admission					
	8) The provider class type is in the Medallion Exempt Provider Type Value Set or 9) The provider specialty is in the Medallion Exempt Provider Spec Value Set with any provider class type or with a specific provider class type or									
	10) For ICD-9 claims, any diagnosis on the payment request is in the ICD-9 value set 220 (Medallion Exempt Diagnosis) or									
	'	11) For ICD-9 claims, the principal or any other procedure code is on the ICD-9 value set 223 (Medallion Exempt Surgery Proc) or								
	For Practitioner (claim type 05), if a Medallion enrollee's payment request is not exempt from the Medallion edits, set the edit.									
	A payment requ	est is exempt fro	m the Medallior	n edits if:						
		egin date = the l								

- 2) The provider class type = 20 (physician), the place of treatment = 22 (outpatient hospital) or 19 (off campus outpatient hospital), and the type of service = 2 (surgery), 4 or 7(anesthesia), 6 (radiology), 5, or 8 (pathology) or
- 3) The servicing provider equals the Primary Care Provider or is affiliated with the Primary Care Provider or
- 4) The referring provider equals the Primary Care Provider or is affiliated with the Primary Care Provider or
- 5) The place of treatment = 22 (outpatient hospital) or 19 (off campus outpatient hospital), and the accident indicator = Y or the emergency indicator = Y (accident or emergency) or
- 6) The place of treatment = 21 (inpatient hospital) or 31, 32, or 33 (nursing home) or 41 or 42 (ambulance) or
- 7) The procedure code is in the Medallion Exempt Procedures Value Set (5009) or
- 8) One of the Medical and Administrative Codes Database flag indicators = S (EPSDT screening) or I (EPSDT immunization) or
- 9) The procedure code is the Medallion Exempt Procedures-NT Value Set (5055) and (for ICD-9 claims) one of the diagnoses is in the ICD-9 value set 5056 (Medallion Exempt Diagnosis-NT) or
- 10) The provider class type is in the Medallion Exempt Provider Type Value Set or
- 11) The provider specialty is in the Medallion Exempt Provider Spec Value Set with any provider class type or with a specific provider class type or
- 12) For ICD-9 claims, any diagnosis on the payment request is in the ICD-9 value set 220 (Medallion Exempt Diagnosis) or

Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.

See value set 220, MEDALLION EXEMPT DIAGNOSIS.

See value set, MEDALLION EXEMPT PROVIDER TYPE.

See value set, MEDALLION EXEMPT PROVIDER SPEC.

See value set 223, MEDALLION EXEMPT SURGERY PROC.

See value set 5009, MEDALLION EXEMPT PROCEDURES.

#### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### **Program Indicators**

Medicaid	Υ	SLH		TDO	
FAMIS	Υ	Assessments	Υ		

Claim Type							
Dental		Pharmacy		Inpatient	Υ		
Nursing		Home Health	Υ	Outpatient	Υ		
Physician	Υ	Personal Care		Laboratory			
Transportation	Υ	Xover A		Xover B			
Cap Pay	Υ	Man Fee	Υ	Admin	Υ		
Asmt Fee	Υ						

### Date Information

Effective Date Code   DOS   Effective Date
--

## Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

## Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

### Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

### Resolution

(None)

# Edit/Audit Inquiry Results Edit-486 ESC-486

### **Edit Information**

Edit Number	486	esc Number	486	NCPDP Code	
Edit Nullibei	<del> 4</del> 00	escivatibei	400	INCEDE Code	

Short Desc	Units Billed Exceeds Units Authorized		
Long Desc	Units Billed Exceeds Units Authorized		
Edit Criteria	If the Medical and Administrative Codes Database PA type = 03, and the PA number has been found on the PA File for the service, and the PA action status = A (Approved), and the PA units authorized for the month/year of the payment request have all been used, set the edit. If the PA units authorized for the month/year of the payment request have not all been used, then pay the number of units remaining on the authorization and set EOB 0639 if there is a cutback.  If a cutback cannot be taken, that is, there are no authorized units remaining on the PA, then set this edit.		
	If a PA number is submitted on the claim and it does match any of the approved PAs on file, set edit 0157.  If pre-approved services are billed and the enrollee on the payment request does not match the enrollee on the approved PA, set edit 0158.		

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	Υ
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

Dental	Υ	Pharmacy	Inpatient	Υ

Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

### Date Information

Effective Date Code	DOS Effective Date	Revision Date
		11 10 1101011 = 0110

# Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

## Programs

Program	Program Title
VPT99ERP	POS Pharmacy Claims Error Processor

# Exceptions

N	_		_
N	-	n	$\boldsymbol{D}$

### Resolution

(None)

# Edit/Audit Inquiry Results Edit-487 ESC-487

### **Edit Information**

|--|

Short Desc	Patient Payment Greater Than Charge
Long Desc	Patient Payment Exceeds VMAP's Reimbursement
Edit Criteria	If the submitted patient pay is greater than the billed charges, set the edit.
	If the submitted patient pay amount is greater than zero and also greater than the allowed amount less the Medicaid Copay and less the TPL amount, set the edit with disposition of 'D' (Deny).
	If the calculated patient pay amount is greater than zero and greater than the result of (allowed amount – copay amount – TPL amount), set the edit with disposition of 'E' (explanation of benefits).

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	Z	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### **Program Indicators**

Medicaid	Υ	SLH	Υ	TDO	Υ
FAMIS	Υ	Assessments			

Dental		Pharmacy		Inpatient	Υ
Nursing	Υ	Home Health		Outpatient	
Physician		Personal Care	Υ	Laboratory	
Transportation		Xover A	Υ	Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information			
Effective Date Code	DOS Effective Date	Revision Date	
Media/Disposition/Pe	end Location Codes		
Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
Program	Program Title		
CPA100	Adjudication Controller		
Exceptions	_		-
None			
None			
Resolution			
(None)			

# Edit/Audit Inquiry Results Edit-488 ESC-488

### **Edit Information**

Edit Number	488	oog Number	100	NCDDD Code	
Edit Number	<del>4</del> 00	esc Number	488	NCPDP Code	

Short Desc	Resubmit with CMM Referral Form
Long Desc	Resubmit with CMM Referral Form
Edit Criteria	For Transportation (claim type 13):
	If the enrollee is locked-in to a specific transportation provider (enrollee benefit exception indicator = 6), and the billing or servicing provider is not equal to the lock-in provider nor affiliated with the lock-in provider, but the referring provider is the lock-in provider or is affiliated with the lock-in provider, then set the edit if there is no attachment and the claim was submitted on paper.
	Bypass the edit if:  1) the billing/servicing provider is the lock-in provider or affiliated with the lock-in provider  2) the provider/specialty types are
	80/09 Neo-natal ambulance 80/21 Air ambulance 82 Emergency air ambulance
	84 Out-of-state emergency air ambulance 3) the procedure codes are one of these:
	Y0110 Emergency Ambulance Y0121 Special code for authorized providers
	For Outpatient (claim type 03)
	If the enrollee is a CMM locking enrollee (enrollee exception indicator = 4) and the from date of service is > 09/30/94 and the revenue code = emergency room (450 - 459) and the principal procedure code is not surgical (procedure in ICD-9 value set 21002 (ICD-9 SURG PROC EXCL CODES) or ICD-10 value set 22002 (ICD-10 SURG PROC EXCL CODES):
	1) and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is on the ICD-9 value set 319 (Payable ER Diagnosis Code Tabel) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes), pay the request at full coverage with EOB 0698.
	2) and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes), but is on

the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX Emergency Pend Codes), pend the payment request for edit 0290.

- 3) and the attending physician is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX Emergency Pend Codes), and the payment amount > \$30, pay the reduced non-emergency rate of \$30 with EOB 644 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, a reduction is not taken and edit 0290 is set. If the payment amount is <= \$30, pay the payment amount and set the EOB 698.
- 4) and the attending provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the Other provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX Emergency Pend Codes), and:
- a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.
- b) the attachment indicator = N and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, edit 0497 is set.
- c) the claim is ECS (electronically submitted), set edit 0290.
- 5) and the attending or referring provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 (ICD-10 DX Emergency Pend Codes), and:

  a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.
- b) the attachment indicator = N and the claim was submitted on paper, set edit 0421.
- c) the claim is ECS (electronically submitted), set edit 0421.
- Bypass the edit if the principal procedure code is a surgical procedure (procedure NOT found in ICD-9 value set 21002 (ICD-9 SURG PROC EXCL CODES) or ICD-10 value set 22002 (ICD-10 SURG PROC EXCL CODES).

Electronically submitted payment requests with Edit 0290 generate a letter requesting documentation. These payment requests automatically deny with edit 498 after 21 days if no letter is returned.

For Practitioner (claim type 05)

1) If the enrollee is a lock-in enrollee (enrollee benefit exception indicator = 4), and

the billing provider or the servicing provider is not the lock-in physician or affiliated with the lock-in physician, but the referring physician is the lock-in physician or is affiliated with the lock-in physician and the procedure code is not equal to 90500-90580, 99062, 99064, 99065, or 99281-99285 (See value set, EMERGENCY PROCEDURE CODES), then set the edit if there is no attachment and the claim was submitted on paper.

2) If the enrollee is a lock-in enrollee (enrollee benefit exception indicator = 4), and the from date of service is > 09/30/94, and the servicing provider class type = 20 (physician), and the treatment place = 23 (ER), and the type of service is not = 2, 4 or 7, 8, or 6 (surgery, anesthesia, radiology), and the procedure code = 90500-90580, 99062, 99064, 99065, or 99281- 99285 and the billing or servicing provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the referring provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code is not on the ICD-9 value set 319 (Payable ER Diagnosis Code Table) or ICD-10 value set 20319 (ICD-10 DX Emergency Pay Codes) nor on the ICD-9 value set 320 (Pend ER Diagnosis Code Table) or ICD-10 value set 20320 ICD-10 DX Emergency Pend Codes), and if there is no attachment and the claim was submitted on paper, set this edit if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, set edit 0497.

Bypass the edit if any of the following apply:

- 1) the provider class type is in value set CMM EXEMPT PROVIDER TYPES
- 2) the Medical and Administrative Codes Database flag indicator = S, I, or FP
- 3) the place of treatment = 21 (inpatient hospital) or 51 (inpatient psychiatric)
- 4) the type of service is anesthesia (7)
- 5) the procedure code is in the range 70000 89999 and has a professional component modifier (26)
- 6) the procedure code's first position is A or V
- 7) the procedure code is in value set CMM EXEMPT PROCEDURES
- 8) the diagnosis code is one of these sterilization codes in the ICD-9 value set 279 (DIAG STERILIZATION CODES) or ICD-10 value set 20279 (ICD-10 STERILIZATION DIAGS)
- 9) the diagnosis code is one of these family planning codes in the ICD-9 value set 280 (DIAG FAMILY PLAN CODES) or ICD-10 value set 20280 (ICD-10 FAM PLN EDT BYPASS DIAG)

Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.

#### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind	Υ	PA Override Ind	Compound Ind	
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

### Program Indicators

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

Claim Type							
Dental		Phar	macy		Inpatient		
Nursing			e Health		Outpatient		Υ
Physician	Υ	Perso	onal Care		Laboratory		
Transportation	Υ	Xove	er A		Xover B		
Cap Pay		Man	Fee		Admin		
Asmt Fee							
Date Information				-		-	
Effective Date Code		DOS	S Effective Date		Revision Da	ate	
Media/Disposition/Pend	Lc	ocati	on Codes	-	_	-	
Media		L	_OC	Disp			
Paper				DENY			
·				DENY			
EMC				DENY			
				DENY			
Adjustment				DENY			
				DENY			
POS				PAY			
Encounter				0			
Special Batch		2	217	PEND			
PA							
Programs							
Program	Pı	rogra	m Title				
CPA100			ation Controller				
Exceptions							
None							
Resolution							

(None)

# Edit/Audit Inquiry Results Edit-489 ESC-489

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	nfo		(allii	UII

Edit Number	489	esc Number	489	NCPDP Code	

Short Desc	CMM Referral Form Not Acceptable		
Long Desc	CMM Referral Form Not Acceptable		
	This edit is used by Pend Resolution to deny a claim that was submitted with a physician or transportation referral form. See edits 0286, 0488.		

### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

### Program Indicators

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	
Physician	Υ	Personal Care	Laboratory	
Transportation	Υ	Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

### Date Information

Effective Date Code	DOS Effective Date	Revision Date	
---------------------	--------------------	---------------	--

Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
Resolution			
Resolution			

# Edit/Audit Inquiry Results Edit-490 ESC-490

### **Edit Information**

Edit Number	490	esc Number	490	NCPDP Code	

Short Desc	Spec Prog EPSDT Indicator Absent		
Long Desc	EPSDT condition code missing or not valid.		
	For Inpatient (claim type 01): If the provider class type = 03 (Private Mental Hospital), 07 (State MH), or 77(Residential Treatment Center), and the enrollee's age is < 21, and the special program indicator (condition code) is not = A1 (EPSDT/CHAP), set the edit. The special program indicator is entered on the UB92 form in one of the condition codes.		

### **General Indicators**

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y PA Override Ind Compound Inc		Compound Ind		
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

### **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental	Pharmacy	Inpatient	Υ
Nursing	Home Health	Outpatient	
Physician	Personal Care	Laboratory	
Transportation	Xover A	Xover B	
Cap Pay	Man Fee	Admin	
Asmt Fee			

### Date Information

Effective Date Code	DOS Effective Date	Revision Date	

Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
Resolution			
Resolution			

# Edit/Audit Inquiry Results Edit-491 ESC-491

	SATIAN
	 nation

Edit Number	491	esc Number	491	NCPDP Code	AF

Short Desc	Included in Capitation Rate for LTC PCP/PACE
Long Desc	Included in Capitation Rate for LTC PCP/PACE
	The Edit 0491 applies only to FFS claims. The edit is set for all the FFS payments except PACE Capitation Payments which are represented by a PACE Enrollee with PT 104 and Rev Code 3103.

#### **General Indicators**

Reject Ind		Deny Ind	Υ	Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	R	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

### **Program Indicators**

Medicaid	Υ	SLH	Υ	TDO	Υ
FAMIS	Υ	Assessments			

### Claim Type

Dental	Υ	Pharmacy	Υ	Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

### Date Information

Effective Date Code	DOS Effective Date	Revision Date	
---------------------	--------------------	---------------	--

Media/Disposition/Pend Location Codes						
Media	LOC	Disp				
Paper		DENY				
		DENY				
EMC		DENY				
		DENY				
Adjustment		DENY				
		DENY				
POS		DENY				

### Programs

Encounter

РΑ

Special Batch

Program	Program Title
CPA030	Recipient Edits
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

217

PEND

## Exceptions

For Outpatient, bill type 131 suspends. For Title 18, part B, suspends.

### Resolution

Deny pended claims 0491 D. Update 7/21/2011

Edit/Audit	Inquiry	Results	<b>Edit-492</b>
ESC-492			

<b>Edit Inform</b>	nation										
Edit Number	492		es	sc Number	492	N	ICPE	)P Code			
Short Desc	Medicar	e Pai	d 100	% of Allowed	Charges						
Long Desc	Medicar	e Pai	d 100	% of Allowed	Charges						
Edit Criteria	t Criteria This edit is used by Pend Resolution.										
General In	dicator	'S									
Reject Ind			Den	y Ind		Υ	Ove	erride Ind			Υ
PrtRA Ind		Υ	PAC	Override Ind			Cor	mpound Ir	nd		
Туре		0	Prio	rity			Rec	cycle Days	S		0
HIPAA esc			CutE	Back Ind							
Program Ir	ndicato	rs									
Medicaid		Υ		SLH			Υ	TDC	)	Υ	
FAMIS		Υ		Assessments							
Claim Type	е										
Dental				Pharmacy	1			Inpatient			
Nursing				Home Hea	alth			Outpatie	nt		
Physician				Personal (	Care			Laborato	ory		
Transportation	n			Xover A			Υ	Xover B			Υ
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforr	nation										
Effective Date	Code			DOS Eff	ective Date			Revisio	n Date		
Media/Disp	ositio	n/Pe	end I	Location (	Codes						
Media				LOC		Dis	p				

	ı	1	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

# Programs

(None)

# Exceptions

None

# Resolution

(None)

# Edit/Audit Inquiry Results Edit-493 ESC-493

### **Edit Information**

Edit Number	493	esc Number	493	NCPDP Code	25

Short Desc	Prescribing Physician not on file		
Long Desc	Prescribing Physician not on file		
Edit Criteria	If Prescriber is not a valid Medicaid Provider ID, set the edit.  Edit modified 02/01/06:  If prescriber provider class type is not recorded in Value Set - Prescriber		
	Provider Class Type, set the edit.  If prescriber is recorded in Value Set - Prescriber ID Invalid, set the edit.		
	For NPI Compliance:  If NPI prescriber provider class type is not recorded in Value Set - Prescriber Provider Class Type, set the edit.  If NPI prescriber is recorded in Value Set - Prescriber ID Invalid, set the edit.		

### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	Р	Priority	4	Recycle Days	0
HIPAA esc		CutBack Ind			

### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

Dental	Pharmacy	Y	Inpatient	
Nursing	Home Health		Outpatient	
Physician	Personal Care		Laboratory	
Transportation	Xover A		Xover B	

Cap Pay	Man Fee	Admin			
Asmt Fee					
Data Information					
Date Information					
Effective Date Code	Effective Date	Revision Date			
Madia/Diapasitian/Dand	Location Codes		_		
Media/Disposition/Pend					
Media	LOC	Disp			
Paper		DENY			
		DENY			
EMC		DENY			
		DENY			
Adjustment		DENY			
000		DENY			
POS		DENY			
Encounter Special Ratch		6 PAY			
Special Batch PA		PAT			
PA					
Programs					
Program Title	e				
VPTM1PRV POS Pharmac	cy Claims Provider Edits F	rocess			
Exceptions					
Effective 10-1-00 this edit will de	ny instead of EOB.				
Decelution					
Resolution					
(None)					

# Edit/Audit Inquiry Results Edit-494 ESC-494

### **Edit Information**

Edit Number	494	esc Number	494	NCPDP Code	

Short Desc	Valid Authorization Not Attached		
Long Desc	Valid Authorization Not Attached		
Edit Criteria	Deleted This edit is no longer required in the new VA MMIS		
	Criteria retained as comments for informational purposes. Deleted per DMAS: For Practitioner (claim type 05), Laboratory (claim type 08), and Transportation (claim type 13): If the procedure code billed has a pend review indicator of S, and there is an attachment, set edit 220. If there is no attachment, set this edit.		

### **General Indicators**

Reject Ind	Deny Ind	Override Ind	
PrtRA Ind	PA Override Ind	Compound Ind	
Туре	Priority	Recycle Days 0	0
HIPAA esc	CutBack Ind		

### **Program Indicators**

Medicaid	SLH	TDO	
FAMIS	Assessments		

Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

Date Information		_	
Effective Date Code	Effective Date	Revision Dat	te III
Media/Disposition/Pend Loca	ation Codes		
Media	LOC	Disp	
Paper			
EMC			
A.I. (			
Adjustment			
POS			
Encounter			
Special Batch			
PA			
Programs			
(None)			
Exceptions			
None			
None			
Resolution			
(None)			

### Edit/Audit Inquiry Results Edit-495 ESC-495

#### **Edit Information**

Edit Number	495	esc Number	495	NCPDP Code	

Short Desc	Other Insurance Information Missing
Long Desc	Other insurance information is missing
Edit Criteria	For Practitioner (claim type 05) and Independent Laboratory (claim type 08): If the COB code = 5 and there is no attachment, set the edit.
	The edit is bypassed if any of the following is true:  1) the procedure code begins with Y or Z except for Y0110, Y0111, and Y0112  2) there is an 'I' or 'S' flag indicator on the Medical and Administrative Codes Database, indicating immunization vaccine codes  3) the enrollee's TPL type = U (uninsured absent parent)  4) one of the procedure code flag indicators on the Medical and Administrative Codes Database is = 90  5) one of the procedure code flag indicators on the Medical and Administrative Codes Database is = 91 and the first diagnosis on payment request is in the ICD-9 value set 172 (BYPASS DIAGNOSIS CODES) or the ICD-10 value set 20288 (ICD-10 PREGNANCY DIAG CODES)  6) the first diagnosis on the payment request is in the ICD-9 value set 21004 (ICD-9 DX ROUTINE CHILD HEALTH) or ICD-10 value set 22004 (ICD-10 DX ROUTINE CHILD HEALTH) and one of the procedure code modifiers is an EPSDT modifier = H, K, T, U, W, Y OR Z.  7) the claim type is 05, the provider type is 072, and the procedure is in Value Set entry School Rehab Services  8) the Procedure Code is found in the "State Plan Options Services" Value Set.

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	Υ
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	Т	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

### Program Indicators

Medicaid	Υ	SLH	TDO	

FAMIS	Υ	A	Asses	ssments					
Claim Type									
Dental			Pha	armacy		Inpatie	ent		
Nursing			Hor	ne Health		Outpat	tient		
Physician		Υ	Per	sonal Care		Labora	atory		Υ
Transportation			Xov	er A		Xover	В		
Cap Pay			Mar	n Fee		Admin			
Asmt Fee									
Date Information									
Effective Date Code			DC	OS Effective D	ate	Revis	sion Date		
Madia/Diamadia	/D			tion Onder					
Media/Dispositior	1/Pend		ocat	tion Codes	<u> </u>				
Media				LOC	Dis	)			
Paper					DEN	1Y			
					DEN				
EMC					TES				
					TES				
Adjustment					DEN				
200					DEN				
POS					PAY				
Encounter Charles Batch				047	0	ID			
Special Batch PA				217	PEN	טו			
FA									
Programs									
Program				Program	Title				
CPA032				TPL Edits					
Exceptions				_					
On 5/7/2004, the dispos	ition for	allo	laim ·	types all prog	rams for FM	IC were cha	anged from	denvi	to
test with an effective da					. amilio for Elv	.5 11010 0116	god nom	. Gorry	
Resolution									
(None)									

## Edit/Audit Inquiry Results Edit-496 ESC-496

#### **Edit Information**

Edit Number	496	esc Number	496	NCPDP Code	85

Short Desc	CMN Required		
Long Desc	CMN Required		
Edit Criteria	This Edit is used by Pend Resolution Technicians to deny claims.		
	If CMN is missing or invalid in payment request, set the edit. Edit set by PR Tech.		

#### **General Indicators**

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	Υ
Туре	R	Priority	9	Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental	Υ	Pharmacy	Υ	Inpatient	Υ
Nursing	Υ	Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A	Υ	Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

|--|

Media	LOC	Disp	
Paper		DENY	
•		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
(None)			
Exceptions			
None			
Resolution	_		_
Resolution			_
Resolution (None)			

### Edit/Audit Inquiry Results Edit-497 ESC-497

### **Edit Information**

- 111 N 1 1	407		407	1100000	
Edit Number	497	lesc Number	497	NCPDP Code	
			. • •		

Short Desc	CMM Emergency Not Substantiated	
Long Desc	CMM Emergency Not Substantiated	
Long Desc Edit Criteria	This edit is used by the Payment Processing Unit to deny CMM payment requests that pended with edit 0290. The documentation does not substantiate the payment request.  For Practitioner (claim type 05): If the enrollee is a lock-in enrollee (enrollee benefit exception indicator = 4), and the from date of service is > 09/30/94, and the servicing provider class type = 20 (physician), and the treatment place = 23 (ER), and the type of service is not = 2, 4 or 7, 8, or 6 (surgery, anesthesia, radiology), and the procedure code = 90500-90580, 99062, 99064, 99065, or 99281- 99285 (See value set, EMERGENCY PROCEDURE CODES) and the billing or servicing provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and	
	the referring provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and if there is no attachment and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, set this edit 0497.	
	For Outpatient (claim type 03)	
	If the enrollee is a CMM locking enrollee (enrollee exception indicator = 4) and the from date of service is > 09/30/94 and the revenue code = emergency room (450 -459) and the principal procedure code is not surgical (010 - 8699):  1) and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is on the Payable ER Diagnosis	

Code Table III, pay the request at full coverage with EOB 0698.

2) and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III, but is on the Pend ER Diagnosis Code Table III, pend the payment request for edit 0290.

- 3) and the attending physician is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and the payment amount > \$30, pay the reduced non-emergency rate of \$30 with EOB 644 if the from date of service is < 06/01/2001. If the from date of service is > 05/31/2001, a reduction is not taken and edit 0290 is set. If the payment amount is <= \$30, pay the payment amount and set the EOB 698. 4) and the attending provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the Other provider is the CMM lock-in provider or is affiliated with the CMM lock-in provider and the principal diagnosis code (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and: a) the attachment indicator = Y and the claim was submitted on paper,
- set edit 0290.
  b) the attachment indicator = N and the claim was submitted on paper, set edit 0488 if the from date of service is < 06/01/2001. If the from date
- c) the claim is ECS (electronically submitted), set edit 0290.

of service is > 05/31/2001, edit 0497 is set.

- 5) and the attending or referring provider is not the CMM lock-in provider or affiliated with the CMM lock-in provider and the principal diagnosis (use the admitting diagnosis if the from date of service is after 5/31/2001) is not on the Payable ER Diagnosis Code Table III nor on the Pend ER Diagnosis Code Table III, and:
- a) the attachment indicator = Y and the claim was submitted on paper, set edit 0290.
- b) the attachment indicator = N and the claim was submitted on paper, set edit 0421.
- c) the claim is ECS (electronically submitted), set edit 0421.

Bypass the edit if the principal procedure code is a surgical procedure (01000 - 86999).

Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.

General Indicators								
Reject Ind		Deny Ind	Y	Override Ind				
PrtRA Ind	Υ	PA Override Ind		Compound Ind				
Туре	0	Priority		Recycle Days	0			
HIPAA esc		CutBack Ind						
Program Indic	Program Indicators							
Medicaid	Υ	SLH		TDO				

Assessments

### Claim Type

FAMIS

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	Υ
Physician	Υ	Personal Care	Laboratory	
Transportation		Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

### Date Information

Effective Date Code	DOS Effective Date	Revision Date	
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### Media/Disposition/Pend Location Codes

		1	
Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

### Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions	
None	
Resolution	
(None)	

### Edit/Audit Inquiry Results Edit-498 ESC-498

_ 114		4.0
	Intol	rmation

Edit Number	498	esc Number	498	NCPDP Code	

Short Desc	CMM Emergency Documentation Not Received				
Long Desc	CMM Emergency Documentation Not Received				
	Electronically submitted payment requests with Edit 0290 generate a letter requesting documentation. These payment requests automatically deny with edit 0498 after 21 days if no letter is returned.				

#### General Indicators

Reject Ind		Deny Ind	Υ	Override Ind	
PrtRA Ind	Υ	PA Override Ind		Compound Ind	
Туре	0	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

### Claim Type

Dental		Pharmacy	Inpatient	
Nursing		Home Health	Outpatient	Υ
Physician	Υ	Personal Care	Laboratory	
Transportation		Xover A	Xover B	
Cap Pay		Man Fee	Admin	
Asmt Fee				

Effective Date Code	DOS Effective Date	Revision Date	
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Media/Disposition/Pend	Location Codes	<u> </u>	_
Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			
Programs			
Program	Program Title		
CPA100	Adjudication Contro	ller	
Exceptions			
None			
Resolution			
(None)			

### Edit/Audit Inquiry Results Edit-499 ESC-499

- 114		4.5
L-Ait	Inform	1 ation
		пашон

Edit Number	499	esc Number	499	NCPDP Code	

Short Desc	Once in a Lifetime Surgery		
Long Desc			
	This edit was not found in current MMIS unless it is used by Pend Resolution. The new edit 825 can be used to deny pended requests. Edit 499 is deleted from the new MMIS.		

#### General Indicators

Reject Ind	Deny Ind	Override Ind
PrtRA Ind	PA Override Ind	Compound Ind
Туре	Priority	Recycle Days 0
HIPAA esc	CutBack Ind	

#### Program Indicators

Medicaid	SLH	TDO	
FAMIS	Assessments		

### Claim Type

Dental	Pharmacy	Inpatient
Nursing	Home Health	Outpatient
Physician	Personal Care	Laboratory
Transportation	Xover A	Xover B
Cap Pay	Man Fee	Admin
Asmt Fee		

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Loca	ation Codes		
Media	LOC	Disp	
Paper			
EMC			
A. II			
Adjustment			
POS			
Encounter			
Special Batch			
PA			
Programs	_	_	
(None)			
Exceptions			
None			
Resolution	_	_	_
(None)			
(NOTIE)			

### Edit/Audit Inquiry Results Edit-500 ESC-500

				4.0	
ı	пъ	Info	12 2 2	211	<u>on</u>
ı		I I I I I I	4		

<b>Edit Numbe</b>	r 500	esc Number	500	NCPDP Code	

Short Desc	Proc/Mod Inconsistent		
•	The Procedure Code is Inconsistent with the Modifier Used or a Required Modifier is Missing		
Edit Criteria	This edit is a denial edit submitted on an encounter claim.		

#### General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Туре	0	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

#### Program Indicators

Medicaid	Y	SLH	Kmsm0006	TDO	
FAMIS	Υ	Assessments			

#### Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A		Xover B	Υ
Cap Pay		Man Fee		Admin	
Asmt Fee					

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Loca	ntion Codes		
Media	LOC	Disp	
Paper			
EMC			
Adjustment			
200			
POS			
Encounter Special Rates		9	
Special Batch PA			
IA			
Programs			
(None)			
Exceptions			
None			
Resolution			
(None)			
(1010)			

# Edit/Audit Inquiry Results Edit-501 ESC-501

Edit Information									
Edit Number 501		es	c Number	501	N	CPE	OP Code		
				·					
Short Desc   CPT/RE\	/ CD I	INCC	NSISTENT	WITH POS					
Long Desc THE PROPLACE C				TYPE IS INC	ONS	SIST	ENT WITH		
Edit Criteria This edit i	s a de	nial e	edit submitted	l on an encoun	ter c	laim.			
General Indicator	S								
Reject Ind		Deny	/ Ind			Ove	erride Ind		
PrtRA Ind		PA C	override Ind			Cor	mpound Ind		Υ
Туре		Prior				Rec	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicato	rs								
Medicaid	Υ		SLH				TDO		
FAMIS	Υ		Assessment	ts					
Claim Type									
Dental		Υ	Pharmacy	,		Υ	Inpatient		Υ
Nursing			Home Hea	alth		Υ	Outpatient		Υ
Physician		Y	Personal (	Care		Υ	Laboratory		Y
Transportation		Y	Xover A				Xover B		
Cap Pay			Man Fee				Admin		
Asmt Fee									
Date Information									
Effective Date Code			Effectiv	ve Date			Revision Date	)	
Media/Disposition	n/Pe	nd L	ocation (	Codes					
Media			LOC		Dis	р			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-502 ESC-502

<b>Edit Inform</b>	nation											
Edit Number	502		E	esc l	Number	502	N	CPD	P Code			
Short Desc	CPT CD	INCC	DNS	ISTI	ENT WITH	PTAGE						
	THE PRO PATIENT			EC	ODE IS IN	CONSISTE	NT W	ITH <sup>-</sup>	THE			
Edit Criteria	This edit i	s a de	enial	edi	t submitted	on an encou	ınter c	laim.				
General In	dicator	'S		ė								
Reject Ind			Dei	าง Ir	nd		T	Ove	erride Ind			
PrtRA Ind			+		erride Ind			1	npound Ind	l		Υ
Туре		0	Pric	ority	,			Rec	ycle Days			0
HIPAA esc			Cut	Bac	ck Ind							
Program Ir	adicato	re			_	_			_	-		-
	luicato								TDO			
Medicaid FAMIS		Y		<u> </u>	LH ssessment	0			TDO		+	
FAIVIIS		<u>  T</u>		JA:	556551116111	5						
Claim Type	е											
Dental			\	Y	Pharmacy			Υ	Inpatient			Υ
Nursing					Home Hea	ılth		Υ	Outpatien	t		Υ
Physician			`		Personal C	Care		Υ	Laborator	у		Υ
Transportation	n		`	Y	Xover A				Xover B			
Cap Pay					Man Fee				Admin			
Asmt Fee												
Date Inforr	mation											
Effective Date	Code				Effectiv	e Date			Revision D	ate		
Media/Disr	Media/Disposition/Pend Location Codes											
Media					LOC		Dis	р				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-503 ESC-503

Edit Inforn	nation									
Edit Number	503		esc	Number	503	N	ICPD	P Code		
	•		•					1		
Short Desc	CPT CD	INCO	NSIS	TENT WITH	PTSEX					
Long Desc	PATIENT'S GENDER.									
Edit Criteria This edit is a denial edit submitted on an encounter claim.										
General In	dicato	rs								
Reject Ind			Deny	Ind			Ove	rride Ind		
PrtRA Ind			PA O	verride Ind			Con	npound Ind		Υ
Туре		0	Priorit				Rec	ycle Days		0
HIPAA esc			CutBa	ack Ind						
Program I	ndicato	rs								
Medicaid		Υ	[	SLH				TDO		
FAMIS		Υ	1	Assessment	S					
Claim Typ	е							_		
Dental			Υ	Pharmacy			Υ	Inpatient		Υ
Nursing				Home Hea	ılth		Υ	Outpatient		Y
Physician			Y	Personal C	Care		Υ	Laboratory		Y
Transportation	n		Υ	Xover A				Xover B		
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Infor	mation									
Effective Date	e Code			Effectiv	ve Date			Revision Date	9	
Media/Dis	positio	n/Pe	nd L	ocation C	codes					
Media				LOC		Dis	sp			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-504 ESC-504

<b>Edit Inforr</b>	nation												
Edit Number	504			esc	Number	504	N	CPD	P Code				
Short Desc	CPT CD	INCC	ONS	IST	ENT WITH	PROV TYPE							
Long Desc	PROVIDER TYPE.												
Edit Criteria This edit is a denial edit submitted on an encounter claim.													
General In	ndicator	'S			_								
Reject Ind			De	nv l	Ind		Т	Ove	rride Ind				
PrtRA Ind			+		erride Ind			1	npound In	d		Y	,
Туре		0	Pri	ority	y			-	ycle Days			0	
HIPAA esc			Cu	tBa	ick Ind								
Program I	ndicato	re			_	_	-	-	_	-	-		-
	Hulcalu			Te	N								
Medicaid FAMIS		Y		+	SLH Assessment	•			TDO				
r Alvii S		<u>  T</u>		/	Assessment	8							
Claim Typ	е												
Dental			,	Υ	Pharmacy			Υ	Inpatient				Υ
Nursing					Home Hea	ılth		Υ	Outpatier	nt			Υ
Physician			,	Y	Personal C	Care		Υ	Laborato	ry			Υ
Transportation	n			Υ	Xover A				Xover B				
Cap Pay					Man Fee				Admin				
Asmt Fee													
Date Infor	mation												
Effective Date	e Code				Effectiv	e Date			Revision [	Date			
Media/Dis	positio	n/Pe	end	Lo	ocation C	Codes							
Media					LOC		Dis	р					
								-					

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-505 ESC-505

Edit Inforn	nation											
Edit Number	505		6	esc	Number	505	N	CPD	P Code			
Short Desc	DX INCC	NSIS	STE	NT	WITH PT A	.GE						
Long Desc THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.  Edit Criteria. This adit is a denial adit submitted on an anaccurtor plains.												
Edit Criteria This edit is a denial edit submitted on an encounter claim.												
General In	dicator	'S	۰	۰	_	_			_			
Reject Ind	larcator		De	nv I	Ind		T	0,40	erride Ind			
PrtRA Ind			+		erride Ind				npound Inc	<u></u>	Y	,
Туре		0	Pric					<del>                                     </del>	cycle Days		0	
HIPAA esc					ck Ind				<u>, , , , , , , , , , , , , , , , , , , </u>			
Program I	ndicato	rs										
Medicaid		Y			SLH				TDO			
FAMIS		Υ		A	Assessment	S						
Claim Typ	е											
Dental			'	Y	Pharmacy			Υ	Inpatient			Υ
Nursing					Home Hea	ılth		Υ	Outpatier	nt		Υ
Physician			$\rightarrow$	Y	Personal C	Care		Υ	Laborato	'n		Υ
Transportatio	n			Y	Xover A				Xover B			
Cap Pay					Man Fee				Admin			
Asmt Fee												
Date Infor	mation											
Effective Date	e Code				Effectiv	e Date			Revision D	Date		
Media/Dis	positio	n/Pe	nd	Lo	ocation C	odes						
Media					LOC		Dis	p				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-506 ESC-506

<b>Edit Inforr</b>	nation											
Edit Number	506		6	esc	Number	506	N	CPD	P Code			
Short Desc	DX INCC	NSIS	STE	NT	WITH PT S	EX						
Long Desc THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S GENDER.												
Edit Criteria This edit is a denial edit submitted on an encounter claim.												
General In	dicator	'S			_	_			_			
	laicatoi		Do	ov I	Ind		Т	0,40	erride Ind			
Reject Ind PrtRA Ind			De		rerride Ind				npound Inc	<u> </u>	Y	,
Type		0	Pric					<del>                                     </del>	cycle Days		0	
HIPAA esc					ick Ind				<del>,</del>			
Program I	ndicato	rs										
Medicaid		Υ		S	SLH				TDO			
FAMIS		Υ		Α	Assessment	s						
Claim Typ	е											
Dental			<u> </u>	Y	Pharmacy			Υ	Inpatient			Υ
Nursing					Home Hea	ılth		Υ	Outpatien	ıt		Υ
Physician				Y	Personal C	Care		Υ	Laborator	у		Υ
Transportation	n			Y	Xover A				Xover B			
Cap Pay					Man Fee				Admin			
Asmt Fee												
Date Infor	mation											
Effective Date	e Code				Effectiv	e Date			Revision D	ate		
Media/Dis	positio	n/Pe	nd	Lo	ocation C	codes						
Media					LOC		Dis	р				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-507 ESC-507

Edit Inforn	nation									
Edit Number	507		esc	Number	507	N	CPD	P Code		
	_		I		•			<u>'</u>		
Short Desc	DX INCC	NSIS	TENT	WITH CPT						
Long Desc	THE DIA	GNO	SIS IS	INCONSIS <sup>®</sup>	TENT WITH 1	ГНЕГ	PRC	CEDURE.		
Edit Criteria This edit is a denial edit submitted on an encounter claim.										
General Indicators										
Reject Ind  Deny Ind  Override Ind										
PrtRA Ind				erride Ind				npound Ind		Υ
Туре		0	Priorit					cycle Days		0
HIPAA esc			CutBa	•				<del>,</del>		-
Program I	ndicato	rs								
Medicaid		Υ	5	SLH				TDO		
FAMIS		Υ	P	Assessment	S					
Claim Tyn	•	-	-	_				_	-	_
Claim Typ	e		I	T			I	I		l
Dental			Y	Pharmacy			Υ	Inpatient		Y
Nursing				Home Hea			Υ	Outpatient		Y
Physician			Y	Personal C	are		Υ	Laboratory		Y
Transportatio	)[1		Y	Xover A Man Fee				Xover B Admin		
Cap Pay Asmt Fee				Ivian ree				Admin		
ASITILITEE										
Date Infor	mation									
Effective Date	e Code			Effectiv	ve Date			Revision Da	te	
Media/Dis	positio	n/Pe	nd Lo	ocation C	Codes					
Media				LOC		Dis	p			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-508 ESC-508

<b>Edit Inform</b>	nation											
Edit Number	508		(	esc	Number	508	N	CPD	P Code			
							•			•		
Short Desc	DX INCC	NSIS	STE	NT	WITH PRO	V TYPE						
Long Desc THE DIAGNOSIS IS INCONSISTENT WITH THE PROVIDER TYPE.												
Edit Criteria This edit is a denial edit submitted on an encounter claim.												
General In	ndicator	'S										
Reject Ind			De	ny l	Ind			Ove	rride Ind			
PrtRA Ind			РА	Ov	erride Ind			Con	npound I	nd	Y	
Туре		0	Pri					Red	ycle Day	S	0	
HIPAA esc			Cu	tBa	ick Ind							
Program I	ndicato	rs										
Medicaid		Υ		5	SLH				TDC	)		
FAMIS		Υ		P	Assessment	S						
Claim Typ	е											
Dental			1	Υ	Pharmacy			Υ	Inpatien	t	Y	
Nursing					Home Hea	lth		Υ	Outpatie	ent	Υ	
Physician				Υ	Personal C	are		Υ	Laborat		Y	
Transportation	n			Y	Xover A				Xover B			
Cap Pay					Man Fee				Admin			
Asmt Fee												
Date Infor	mation											
Effective Date	e Code				Effectiv	e Date			Revision	Date		П
Media/Dis	positio	n/Pe	nd	L	ocation C	odes						
Media					LOC		Dis	p				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-509 ESC-509

Edit Information								
Edit Number 509		es	c Number	509	N	CPE	OP Code	
				·			·	
Short Desc DATE 0	F DE	ATE F	PRECEDES	DOS				
Long Desc THE DATE OF DEATH PRECEDES THE DATE OF SERVICE.								
Edit Criteria This edi	t is a d	enial e	edit submitted	d on an enco	ounter o	claim	l.	
General Indicato	re		_	_	-		_	_
		l-						
Reject Ind		Deny				<b>-</b>	erride Ind	V
PrtRA Ind	0		verride Ind			-	npound Ind	Y 0
Type HIPAA esc	0	Prior	ack Ind			Red	cycle Days	0
пігалевс		Cuib	ack inu					
Program Indicate	ors							
Medicaid	Y		SLH				TDO	
FAMIS	Υ		Assessment	:s				
Claim Type	-	-	_	_	_	-	_	
Claim Type								
Dental		Y	Pharmacy			Υ	Inpatient	Y
Nursing			Home Hea			Υ	Outpatient	Y
Physician			Y Personal Care			Υ	Laboratory	
Transportation		Y Xover A			Xover B			
Cap Pay Asmt Fee			Man Fee				Admin	
Asiiil Fee								
Date Information								
Effective Date Code			Effectiv	ve Date			Revision Date	
Media/Disposition/Pend Location Codes								
Media								
			-					

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-510 ESC-510

Edit Information									
Edit Number 510		es	c Number	510	N	CPE	OP Code		
Short Desc DOB LATER THAN DOS									
Long Desc THE DATE OF BIRTH FOLLOWS THE DATE OF SERVICE.									
Edit Criteria This edi	t is a c	lenial	edit submitte	d on an encou	ınter	clain	n.		
General Indicato	rs								
Reject Ind		Deny	/ Ind			Ove	erride Ind		
PrtRA Ind		PAC	verride Ind			Cor	mpound In	d	Υ
Туре	0	Prior	ity			Red	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicato	ors								
Medicaid	Υ		SLH				TDO		
FAMIS	Υ		Assessment	s					
Claim Type			_		۰		-	-	-
Dental		Υ	Pharmacy	,	_	Υ	Inpatient		Υ
Nursing			Home Health			Υ	Outpatient		Υ
Physician		Υ	Personal Care		Υ	Laboratory		Y	
Transportation		Υ	Y Xover A				Xover B		
Cap Pay			Man Fee			Admin			
Asmt Fee									
Date Information									
Effective Date Code			Effectiv	ve Date			Revision [	Date	
Media/Disposition/Pend Location Codes									
Media			LOC		Dis	р			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

Edit/Audit	Inquiry	Results	<b>Edit-511</b>
ESC-511			

<b>Edit Inforr</b>	mation									
Edit Number	511		es	sc Number	511	N	CPE	OP Code		
					·	•		·		
Short Desc AUTH NO MISSING/INVALID										
Long Desc	Long Desc AUTHORIZATION NUMBER IS MISSING/INVALID									
Edit Criteria	This edit i	s a de	enial e	edit submitted	on an enco	unter c	laim			
General Ir	ndicator	'S		_	_			_		
Reject Ind			Den	v Ind			Ove	erride Ind		
PrtRA Ind			<u> </u>	verride Ind			Cor	mpound Ind		Υ
Туре		0	Prior	ity			Red	cycle Days		0
HIPAA esc			CutE	Back Ind						
Program I	ndicato	re	-	_	_	-		_	-	
	Tiulcato			I				I		
Medicaid		Y		SLH				TDO		
FAMIS		Υ		Assessment	is					
Claim Typ	е									
Dental			Υ	Pharmacy	,		Υ	Inpatient		Υ
Nursing				Home Health			Υ	Outpatient		Υ
Physician			Y	Y Personal Care			Υ	Laboratory Y		Υ
Transportation	on		Y Xover A			Xover B				
Cap Pay			Man Fee		Admin					
Asmt Fee										
Date Infor	mation									
Effective Dat	e Code			Effectiv	ve Date			Revision Date	)	
Media/Disposition/Pend Location Codes										
Media				LOC		Dis	p			

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-512 ESC-512

Edit Inforn	nation												
Edit Number	512		е	sc Nun	nber	512		NCF	PDP	Code			
	•												
Short Desc	INFO MI	SSIN	GFC	R PR	OCESS	ING							
Long Desc	CLAIM/S FOR AD				SINFO	RMATION	I WHI	CHIS	SNE	EDED			
Edit Criteria	This edit	is a de	enial	edit su	bmitted	on an end	counte	r clai	m.				
General Indicators													
Reject Ind				0	verri	de Ind							
				Overrio	de Ind			С	omp	ound Inc	ŀ	)	<b>′</b>
• •			Prio					R	ecyc	le Days		C	)
HIPAA esc C				CutBack Ind									
Program I	ndicato	rs											
Medicaid		Υ		SLH						TDO			
FAMIS		Υ		Asse	Assessments								
OI : T													
Claim Typ	<u>e</u>												
Dental			Y		armacy			Y	_	patient			Υ
Nursing					me Hea			Y	_	utpatien			Υ
Physician			Y		rsonal C	are		Y		aborator	у		Υ
Transportation	n		Y		ver A					over B			
Cap Pay				Ma	n Fee				A	dmin			
Asmt Fee													
Date Infor	Date Information												
Effective Date	Effective Date Code Effective Date Revision Date												
Media/Dis	positio	n/Pe	nd	Loca	tion C	odes							
Media					LOC		D	isp					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-513 ESC-513

<b>Edit Information</b>										
Edit Number 513		es	sc Number	513	N	CPE	OP Code			
		•								
Short Desc REQ INFO	O MIS	SING	S/INCOMPLE	TE						
Long Desc REQUES	TED	INFO	RMATION M	ISSING/INC	OMPI	LETE	E			
Edit Criteria This edit is	a de	nial e	dit submitted	on an encoun	ter cla	aim.				
General Indicators										
Reject Ind Deny Ind Override Ind										
PrtRA Ind		Cor	mpound In	d		Υ				
PrtRA Ind PA Override Ind Type O Priority							cycle Days			0
HIPAA esc		CutE	Back Ind							
Program Indicato	rs		_							
Medicaid	Υ		SLH				TDO		┰	
FAMIS	Y		Assessment	 S			100			
Claim Type										
Dental		Y	Pharmacy			Υ	Inpatient			Υ
Nursing			Home Hea	alth		Υ	Outpatier	nt		Υ
Physician		Y	Personal C	Care		Υ	Laborato	ry		Υ
Transportation		Y	Xover A				Xover B			
Cap Pay			Man Fee				Admin			
Asmt Fee										
Date Information										
Effective Date Code			Effectiv	ve Date			Revision I	Date		
Media/Dispositio	n/Pe	nd L	ocation C	codes						
Media			LOC		Dis	p				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-514 ESC-514

Edit Information										
Edit Number 514		es	c Number	514	N	CPE	OP Code			
·					·		·			
Short Desc DUPLIC	ATE									
Long Desc DUPLIC	ATE (	CLAIN	M/SERVICE.							
Edit Criteria This edit	is a d	enial e	edit submitted	l on an encou	ınter c	claim				
General Indicators										
Reject Ind Deny Ind Override Ind										
PrtRA Ind PA Override Ind							mpound Ind		Y	
Туре	0	Prior	ity			Red	cycle Days		0	
HIPAA esc		CutB	ack Ind							
Program Indicators										
Medicaid	Υ		SLH				TDO			
FAMIS	Υ		Assessment	S						
Claim Type										
Dental		Υ	Pharmacy			Υ	Inpatient		Υ	
Nursing			Home Hea	ılth		Υ	Outpatient		Y	
Physician		Y	Personal C	Care		Υ	Laboratory		Υ	
Transportation		Υ	Xover A				Xover B			
Cap Pay			Man Fee				Admin			
Asmt Fee										
Date Information										
Effective Date Code			Effectiv	ve Date			Revision Da	te		
Media/Dispositio	n/Pe	nd L	ocation C	odes						
Media			LOC		Dis	р				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-515 ESC-515

<b>Edit Inforr</b>	nation														
Edit Number	515		е	sc N	umber	515		N	CPD	PC	ode				
Short Desc	DEN DU	ЕТО	WO	RKM	IEN'S CC	OMP									
Long Desc	CLAIM D INJURY				USE THI	SISAW	/ORK-	REI	_ATI	ED					
Edit Criteria	Edit Criteria This edit is a denial edit submitted on an encounter claim.														
General Indicators															
	luicatoi	<u> </u>													
Reject Ind Deny Ind										rride					
PrtRA Ind			ride Ind			_			ınd In			Y			
Туре		0	Prio						Rec	ycle	Days	<b>3</b>		0	
HIPAA esc	HIPAA esc CutBack Ind														
Program I	ndicato	rs													
Medicaid		Υ		SLI	Н						TDO				
FAMIS		Υ		Ass	sessment	S									
Claim Typ	е														
Dental			Y	′ P	harmacy				Υ	Inpa	atient			١	<u> </u>
Nursing				Н	lome Hea	alth			Υ	Out	patie	nt		١	1
Physician			Y	′ P	ersonal C	Care			Υ	Lab	orato	ry		١	1
Transportation	n		Y	′ X	over A					Xov	er B				
Cap Pay				N	1an Fee					Adr	nin				
Asmt Fee															
Date Information															
Effective Date	e Code				Effectiv	/e Date				Rev	sion	Date	)		
Media/Dis	positio	n/Pe	nd_	Loc	ation C	Codes									
					1		-								

LOC

Disp

Media

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-516 ESC-516

Edit Information										
Edit Number 516		esc Nu	mber	516	N	ICPD	P Code			
<u>'</u>										
Short Desc DEN C	OVERED	BY LIA	BILITY	CARRIER						
	LIABILITY CARRIER.									
Edit Criteria This ed	it is a den	ial edit s	ubmitted	d on an enco	ounter	claim	-			
General Indicators										
Reject Ind	D	eny Ind				Ove	rride Ind			
PrtRA Ind	de Ind			Con	npound In	d	Υ			
Туре				Red	ycle Days		0			
HIPAA esc	utBack I	nd								
Program Indicat	ors									
Medicaid	Υ	SLH					TDO			
FAMIS	Υ	Asse	essment	s						
Claim Type	-	-	-	_			-	-	-	
Dental		Y Pr	armacy	,	_	Υ	Inpatient		Y	
Nursing			ome Hea			Υ	Outpatie	nt	Y	
Physician		Y Pe	ersonal (	Care		Υ	Laborato		Y	/
Transportation		Y Xc	ver A				Xover B			
Cap Pay		Ma	an Fee				Admin			
Asmt Fee										
Date Information	า			_						
Effective Date Code			Effectiv	ve Date			Revision I	Date		
Media/Disposition							_	_		
	on/Pend	d Loca	ation C	Jodes						

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-517 ESC-517

<b>Edit Inforn</b>	nation													
Edit Number	517		ε	SC	Number	517		NCF	PDP	Code				
	·													
Short Desc	DEN CO	VER	ED F	3Y	NO-FAULT	ΓCARRIE	R							
Long Desc	CLAIM D				CAUSE INJ	URY/ILLN	NESS	IS LI	ABIL	ITY OF	NO	-		
Edit Criteria	This edit	is a d	enia	led	dit submitted	d on an en	count	er cla	im.					
Gonoral Indicators														
General Indicators														
Reject Ind De										de Ind				
					erride Ind					ound In			Υ	
Туре					<u> </u>					le Days			0	
HIPAA esc	Cut	CutBack Ind												
Program I	ndicato	rs												
Medicaid		Υ		Tc	SLH					TDO				
FAMIS		Y		+-		to.				100				
r Aivii 3		1		Assessments										
Claim Typ	е													
Dental			1	Y	Pharmacy			Y	Ir	patient			Y	,
Nursing					Home Hea	alth		Y	0	utpatier	nt		Y	,
Physician			)	Y	Personal C	Care		Y	L	aborato	ry		Y	,
Transportatio	n		1	Y	Xover A				X	over B				
Cap Pay					Man Fee				Α	dmin				
Asmt Fee														
Date Infor	Date Information													
Effective Date	e Code				Effectiv	ve Date			R	evision I	Date			
Media/Dis	positio	n/Pe	nd	Lq	ocation C	Codes								
Media					LOC			Disp						

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-518 ESC-518

Edit Information									
Edit Number 518		es	c Number	518	N	CPE	OP Code		
·							·		
Short Desc DEN CO	VER	ED B	Y ANOTHER	RPAYER					
Long Desc SERVIC	EMA	Y BE	COVERED	BY ANOTHE	RPA	YEF	₹		
Edit Criteria This edit	is a d	enial	edit submitte	d on an encou	inter	claim	١.		
General Indicator	rs		_	_			_		
Reject Ind		Deny	/ Ind		Т	Ove	erride Ind		
PrtRA Ind			override Ind			Cor	npound Ind		Y
Туре	0	Prior	ity			Red	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicato	ors								
Medicaid	Υ		SLH				TDO		
FAMIS	Υ		Assessment	S					
Claim Type			_						
Dental		Υ	Pharmacy			Υ	Inpatient		Υ
Nursing			Home Hea			Υ	Outpatient		Υ
Physician		Υ	Personal (	Care		Υ	Laboratory	/	Υ
Transportation		Υ	Xover A				Xover B		
Cap Pay			Man Fee				Admin		
Asmt Fee									
Date Information									
Effective Date Code			Effectiv	ve Date			Revision D	ate	
Media/Dispositio	n/Pe	nd L	ocation C	Codes					
Media			LOC		Dis	р			
			,						

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-519 ESC-519

<b>Edit Inform</b>	nation										
Edit Number	519		esc	Number	519	N	CPD	P Code			
	•		•								
Short Desc	ADJ CH	GS P	D BY A	ANOTHER F	PAYER						
Long Desc	PAYME BY ANC				JSE CHARGE	ES H	AVE	BEEN P	AID		
Edit Criteria	This edit	is a d	enial e	dit submitte	d on an encou	nter	claim				
General In	dicato	rs									
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA O	verride Ind			Con	npound In	ıd		Y
Туре		0	Priorit	ty			Rec	ycle Days	3		0
HIPAA esc			CutBa	ack Ind							
Program II	adicato	ore	-	_	_			_			
	laicate		T,	SLH				TDO			
Medicaid FAMIS		Y		SLH Assessment	•			TDO			
r Aivii S		T		Assessment	S						
Claim Typ	е										
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	alth		Υ	Outpatie	nt		Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ry		Υ
Transportatio	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inform	mation			_	_			-			
Effective Date	Code			Effectiv	ve Date			Revision	Date		
Media/Dis <sub>l</sub>	oositio	n/Pe	nd L	ocation (	Codes						
Media				LOC		Dis	p				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-520 ESC-520

Edit Inforr	nation										
Edit Number	520		esc	Number	520	N	ICPD	P Code			
			•					,			
Short Desc	SVC CO	VERE	DUN	DER CAPIT	ATION						
Long Desc											
Edit Criteria	This edit	is a de	nial ed	dit submitted	on an encoun	ter c	claim.				
General Ir	ndicator	'S									
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA O	verride Ind			Con	npound Ind	t		Υ
Туре		0	Priorit				Rec	ycle Days			0
HIPAA esc			CutBa	ack Ind							
Program I	ndicato	rs									
Medicaid		Υ	[	SLH				TDO			
FAMIS		Υ	/	Assessment	S						
Claim Typ	е										
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	ılth		Υ	Outpatien	ıt		Υ
Physician			Y	Personal C	Care		Υ	Laborator	у		Υ
Transportation	n		Y	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation										
Effective Date	e Code			Effectiv	e Date			Revision D	Date		
Media/Dis	positio	n/Pe	nd L	ocation C	odes	i					
Media				LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-521 ESC-521

<b>Edit Inform</b>	ation										
Edit Number	521		esc	Number	521	N	CPE	P Code			
	-1		I					<u>'</u>			
Short Desc DOS PRIOR TO COVER EFF DT											
Long Desc EXPENSES INCURRED PRIOR TO COVERAGE.											
Edit Criteria	This edit	is a d	enial e	dit submitte	d on an enco	unter o	claim	١.			
O a manual lina	d: 4 - :										
General Inc	alcator	S									
Reject Ind			Deny				Ove	erride Ind			
PrtRA Ind				erride Ind				npound Ind		Y	
Туре		0	Priorit	•			Rec	cycle Days		0	i
HIPAA esc			CutBa	ick Ind							
Program Ir	ndicato	rs		_	_			_			
Medicaid		Υ		SLH				TDO			
FAMIS		Y		S⊾⊓ Assessmen	to			TDO			
raivii3		1		455655111611	เธ						
Claim Type	)										
Dental			Υ	Pharmacy	1		Υ	Inpatient			Υ
Nursing				Home Hea	alth		Υ	Outpatient			Υ
Physician			Υ	Personal (	Care		Υ	Laboratory			Υ
Transportation	1		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforn	nation	-	-	_	_	-		_	-		
					us Dete			Davisian Dat			
Effective Date	Code			ПЕщеси	ve Date			Revision Dat	<u>e</u>		
Media/Disp	ositio	n/Pe	nd Lo	ocation (	Codes						
Media				LOC		Dis	p				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-522 ESC-522

Edit Inform	ation									
Edit Number	522		esc	Number	522	N	CPD	)P Code		
			•					<b>,</b>		
Short Desc	DOS AF	TER	COVE	R TERM D	 Г					
Long Desc	EXPEN	SESI	NCUR	RED AFTE	R COVERAG	E TE	ERM	INATED.		
Edit Criteria	This edit	is a d	enial e	dit submitte	d on an encou	nter	claim	١.		
O a re a wall live	li a a 4 a s		_			_	_			
General Inc	alcator	S								
Reject Ind			Deny I					erride Ind		
PrtRA Ind				erride Ind				npound Ind		Υ
Туре		0	Priority				Rec	cycle Days		0
HIPAA esc			CutBa	ick Ind						
Program In	dicato	rs								
	laroate		ا	NI II				TDO		
Medicaid FAMIS		Y		SLH Assessment	<u> </u>			TDO		
PAIVIIS		I		4556551116111	.5					
Claim Type	<b>)</b>									
Dental			Υ	Pharmacy	,		Υ	Inpatient		Υ
Nursing				Home Hea	alth		Υ	Outpatient		Υ
Physician			Υ	Personal (	Care		Υ	Laboratory		Υ
Transportation	1		Υ	Xover A				Xover B		
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Inform	nation									
Effective Date		_		Effectiv	ve Date	_	П	Revision Date	е	
Ellocavo Bato	0000			ПЕшоси	, o Bato			T COVIDION DUC		
Media/Disp	ositio	n/Pe	nd Lo	ocation (	Codes					
Media				LOC		Dis	р			

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-523 ESC-523

<b>Edit Inform</b>	ation									
Edit Number	523		es	sc Number	523	N	CPE	OP Code		
Short Desc	TIMELY	FILIN	١G							
Long Desc	THE TIN	/E LII	MIT F	OR FILING H	IAS EXPIREI	D.				
Edit Criteria	This edit	isac	lenial	edit submitte	d on an encou	ınter	clain	n		
General Inc	dicator	'S								
Reject Ind			Deny	y Ind			Ove	erride Ind		
PrtRA Ind			PAC	Override Ind			Cor	mpound I	nd	Y
Туре		0	Prior	ity			Red	cycle Day	s	0
HIPAA esc			CutE	Back Ind						
Program In	dicato	rs								
Medicaid		Υ		SLH				TDC	)	
FAMIS		Υ		Assessment	S					
Claim Type	)			_	_			-		
Dental		_	Υ	Pharmacy			Υ	Inpatien	t	Υ
Nursing				Home Hea	ılth		Υ	Outpatie		Υ
Physician			Υ	Personal C	Care		Υ	Laborate	ory	Υ
Transportation	1		Y	Xover A				Xover B		
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Inforn	nation									
Effective Date	Code			Effectiv	ve Date			Revision	Date	
Media/Disp	ositio	n/Pe	nd L	_ocation C	odes					
Media				LOC		Dis	р			
				1					ı	

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-524 ESC-524

Edit Inform	nation											
Edit Number	524		esc	c Number	N	CPE	P Code					
	•		,									
Short Desc	DEN NOT A COVERED ENROLLEE											
Long Desc		LAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR SURED.										
Edit Criteria	This edit	nis edit is a denial edit submitted on an encounter claim.										
General In	neral Indicators											
Reject Ind			Deny	Ind			Ove	rride Ind				
PrtRA Ind			PA O	verride Ind			Cor	npound In	d		,	Y
Туре		0	Priori	ty			Red	ycle Days	3			0
HIPAA esc			CutB	ack Ind								
Drogram I	adioata	N.C	_	_	_	-	-	_	-	-		
Program Ir	luicate											
Medicaid		Y		SLH				TDO				
FAMIS		Υ		Assessment	S							
Claim Type	e											
Dental			Υ	Pharmacy			Υ	Inpatient				Υ
Nursing				Home Hea	alth		Υ	Outpatier	nt			Υ
Physician			Y	Personal C	Care		Υ	Laborato	ry			Υ
Transportation	n		Υ	Xover A				Xover B				
Cap Pay				Man Fee				Admin				
Asmt Fee												
Date Inform	nation			_	_			-				
Effective Date	Code			Effectiv	/e Date			Revision I	Date			
Media/Disposition/Pend Location Codes												
Media				LOC		Dis	p					

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

### Edit/Audit Inquiry Results Edit-525 ESC-525

Edit Inform	nation										
Edit Number	525		es	sc Nu	mber	525	N	CPE	OP Code		
Short Desc DEN DEP IS NOT ELIGIBLE											
Long Desc DEPENDENT IS NOT AN ELIGIBLE DEPENDENT AS DEFINED.											
Edit Criteria This edit is a denial edit submitted on an encounter claim.											
General Inc	dicator	'C			-	_	-		_	-	
	uicatoi	<u> </u>						1_			
Reject Ind			Deny					1	erride Ind		
PrtRA Ind					ide Ind				mpound In		Y
Type HIPAA esc		0	Prior	ack l	Ind			Red	cycle Days		0
HIPAA esc			Cui	back	ina						
Program Ir	ndicato	rs									
Medicaid		Υ		SLH	l				TDO		
FAMIS		Υ		Ass	essment	S					
Claim Type	<b>.</b>					_					
Dental			Υ	Pł	narmacy			Υ	Inpatient		Y
Nursing					ome Hea			Υ	Outpatie	nt	Y
Physician			Y	Pe	ersonal C	Care		Υ	Laborato		Υ
Transportation	า		Y	Xd	over A				Xover B		
Cap Pay				М	an Fee				Admin		
Asmt Fee											
Date Inforn	nation				-	_			-	-	
Effective Date					Effectiv	/e Date			Revision I	Date	
Encouve Date	Joue				Lilectiv	70 Date			I CONSION I	Jaio	
Media/Disp	ositio	n/Pe	nd L	_oca	ation C	Codes					
Media LOC Disp											
										I	

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-526 ESC-526

Edit Information										
Edit Number 526		es	c Number	526	N	CPE	OP Code			
·										
Short Desc DEN NO DEP COVERAGE										
Long Desc CLAIM DENIED. INSURED HAS NO DEPENDENT COVERAGE.										
Edit Criteria This edit	is a d	enial e	edit submitted	d on an encou	nter	claim	<b>.</b>			
General Indicator	´S		_	_			_			
Reject Ind		Deny	/ Ind		Т	Ove	erride Ind			
PrtRA Ind		<del></del>	verride Ind			Cor	mpound Ind		Υ	
Туре	0	Prior	ity			Red	cycle Days		0	
HIPAA esc		CutB	ack Ind							
Program Indicato	rs									
Medicaid	Υ		SLH				TDO			
FAMIS	Υ		Assessment	S						
Claim Type			_	_			_			
Dental		Υ	Pharmacy			Υ	Inpatient		Υ	
Nursing			Home Hea	ılth		Υ	Outpatient		Υ	
Physician		Υ	Personal C	Care		Υ	Laboratory		Υ	
Transportation		Y	Xover A				Xover B			
Cap Pay			Man Fee				Admin			
Asmt Fee										
Date Information										
Effective Date Code			Effectiv	ve Date			Revision Date	<b>:</b>		
Media/Dispositio	Media/Disposition/Pend Location Codes									
Media			LOC		Dis	p				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-527 ESC-527

<b>Edit Inforn</b>	nation											
Edit Number	527		es	sc Number	527	N	CPD	P Code				
	•		_						•			
Short Desc	DEN NO	NB (	COVE	RAGE								
Long Desc	NEWBORNS.											
Edit Criteria	This edit	his edit is a denial edit submitted on an encounter claim.										
General Indicators												
	laicatoi	3	T <sub>D</sub>			_						
Reject Ind			Deny	<u> </u>			1	rride Ind				.,
PrtRA Ind		_	1	Override Ind			-	npound I				Υ
Туре		0	Prior				Rec	cycle Day	S			0
HIPAA esc			CutB	Back Ind								
Program I	ndicato	rs										
Medicaid		Υ		SLH				TDC	)			
FAMIS		Υ		Assessment	S							
Claim Typ	е											
Dental			Υ	Pharmacy			Υ	Inpatien	t			Υ
Nursing				Home Hea	alth		Υ	Outpatie	ent			Υ
Physician			Υ	Personal C	Care		Υ	Laborat	ory			Υ
Transportatio	n		Υ	Xover A				Xover B				
Cap Pay				Man Fee				Admin				
Asmt Fee												
Date Infor	mation											
Effective Date	e Code			Effectiv	ve Date			Revision	Date			
Media/Dis	positio	n/Pe	nd L	ocation C	Codes							
Media				LOC		Dis	р					

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-528 ESC-528

Edit Information											
Edit Number	528		es	sc Number	528	N	CPE	OP Code			
Short Desc BENEFIT MAX REACHED											
Long Desc BENEFIT MAXIMUM HAS BEEN REACHED.											
Edit Criteria This edit is a denial edit submitted on an encounter claim.											
General Inc	licator	S									
Reject Ind			Deny	y Ind			Ove	erride Ind	l		
PrtRA Ind			PAC	Override Ind			Cor	mpound l	Ind		Υ
Туре		0	Prior	ity			Red	cycle Day	/S		0
HIPAA esc			CutE	Back Ind							
Program In	dicato	rs									
Medicaid		Υ		SLH				TD	0		
FAMIS		Υ		Assessment	S						
Claim Type											
Dental		_	Υ	Pharmacy		_	Υ	Inpatier	nt		Υ
Nursing				Home Hea			Υ	Outpati			Y
Physician			Y	Personal C	Care		Υ	Laborat	tory		Y
Transportation			Y	Xover A				Xover E	3		
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inform	nation										
Effective Date	Code			Effectiv	ve Date			Revision	n Date		
Media/Disp	ositio	1/Pe	nd L	_ocation C	Codes						
Media LOC Disp											
				1							

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-529 ESC-529

Edit Inforn	nation													
Edit Number	529		-	esc	Number	529	I	NCPI	DP Co	ode				
	_						•							
Short Desc														
Long Desc		ERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED ETWORK) PROVIDERS												
Edit Criteria	This edit	is edit is a denial edit submitted on an encounter claim.												
General Indicators														
Reject Ind			De	ny	Ind			Ov	erride	Ind				
PrtRA Ind			-	<u> </u>	erride Ind			Со	mpou	nd Ind			Υ	
Туре		0	Pri	orit	у			Re	cycle	Days			0	
HIPAA esc			Cu	tBa	ack Ind									
Program II	ndicato	rs												
Medicaid		Υ		5	SLH					TDO				
FAMIS		Υ		A	Assessment	s								
Claim Typ	е													
Dental			-	Υ	Pharmacy			Υ	Inpa	tient			Υ	
Nursing					Home Hea	ılth		Υ	Out	oatient			Υ	
Physician			,	Υ	Personal C	are		Υ	Lab	oratory			Υ	
Transportatio	n		,	Y	Xover A				Xov	er B				
Cap Pay					Man Fee				Adn	nin				
Asmt Fee														
Date Inform	mation													
Effective Date	Code				Effectiv	e Date			Revi	sion Dat	е			
Media/Dis <sub>l</sub>	positio	n/Pe	end	L	ocation C	odes								
Media					LOC		Di	sp			T			

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-530 ESC-530

<b>Edit Inforr</b>	nation											
Edit Number	530		es	c Number	530	N	ICPD	P Code				
	'		•									
Short Desc	AUTH/P	RE-C	ERT	DENIED								
Long Desc				D AT TIME A VAS REQUE		ATION	/PRE	-				
Edit Criteria This edit is a denial edit submitted on an encounter claim.												
General In	ndicator	'S										
Reject Ind			Deny	/ Ind		$\top$	Ove	rride Ind	_		T	
PrtRA Ind			-	verride Ind				npound In	ıd		Y	,
Туре		0						ycle Days	3		0	
• •				ack Ind								
Program I	ndicato	rs										
Medicaid		Υ		SLH				TDO				
FAMIS		Υ		Assessment	S							
Claim Typ	е											
Dental			Υ	Pharmacy			Υ	Inpatient				Υ
Nursing				Home Hea	alth		Υ	Outpatie	nt			Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ry			Υ
Transportation	n		Y	Xover A				Xover B				
Cap Pay				Man Fee				Admin				
Asmt Fee												
Date Infor	mation											
Effective Date	e Code			Effectiv	ve Date			Revision	Date			П
Media/Dis	positio	n/Pe	nd L	ocation C	Codes							
Media				LOC		Dis	sp					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-531 ESC-531

Edit Informati	ion											
Edit Number 53	31		esc	Number	531	N	CPD	P Code	;			
·									•			
Short Desc NOT	EMER	RGEN	Γ/UF	RGENT CAI	RE							
•				MEET QUA NT CARE.	LIFICATION	IS FO	R					
Edit Criteria This	edit is a	a denia	ıl ed	lit submitted	on an encou	nter cl	aim.					
General Indicators												
	ators					_						
Reject Ind			eny					rride Ind				
PrtRA Ind				verride Ind				npound			Υ	
Туре	0		riorit				Rec	ycle Da	ys		0	-
HIPAA esc		C	utBa	ack Ind								
Program Indic	cators	S										
Medicaid		Υ	(	SLH				TD	0			
FAMIS		Υ	/	Assessment	s							
Claim Type				_	_							
Dental			Υ	Pharmacy			Υ	Inpatie	nt			Υ
Nursing				Home Hea			Υ	Outpat	ient			Υ
Physician			Υ	Personal C	Care		Υ	Labora	tory			Υ
Transportation			Υ	Xover A				Xover I	3			
Cap Pay				Man Fee				Admin				
Asmt Fee												
Date Informat	tion				-							
Effective Date Co	de			Effectiv	/e Date			Revisio	n Date			Ш
Media/Dispos	ition/	Pend		ocation C	codes							
Media				LOC		Dis	р					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-532 ESC-532

Edit Inforn	nation													
Edit Number	532			esc	Number	532	N	ICPE	P Cod	е				
			•											
Short Desc	CHGIN	EXC	ESS	s o	F FEE SCH									
Long Desc		CHARGES EXCEED OUR FEE SCHEDULE OR MAXIMUM ALLOWABLE AMOUNT.												
Edit Criteria This edit is a denial edit submitted on an encounter claim.														
General Indicators												i		
Reject Ind			De	env	Ind			Ove	rride In	nd				
•					verride Ind			Con	npound	d Ind			Υ	
			Pri						ycle Da	ays			0	
HIPAA esc			Cu	ıtBa	ack Ind									
Program lı	ndicato	rs												
Medicaid		Υ		(	SLH				TE	00				
FAMIS		Υ		/	Assessment	S								
Claim Typ	е													
Dental				Υ	Pharmacy			Υ	Inpatie	ent			Υ	
Nursing					Home Hea	lth		Υ	Outpa	tient			Υ	
Physician				Υ	Personal C	are		Υ	Labora	atory			Υ	
Transportatio	n			Υ	Xover A				Xover					
Cap Pay					Man Fee				Admin	1				
Asmt Fee														
Date Inform	mation													
Effective Date	Code				Effectiv	e Date			Revisio	on Date				
Media/Dis <sub>l</sub>	positio	n/Pe	end	L	ocation C	odes		۰						
Media					LOC		Dis	sp						

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

#### Edit/Audit Inquiry Results Edit-533 ESC-533

Edit Inforr	nation												
Edit Number	533			esc	Number	533	N	ICPD	P Code	9			
	•												
Short Desc	CHGEX	CEE	D C	ON	TR/LEGIS A	AMT							
Long Desc	CHARGI ARRANG				YOUR CO	NTRACTE	D/LE	GISL	ATED F	EE			
Edit Criteria This edit is a denial edit submitted on an encounter claim.													
General Indicators													
	luicatoi	<u> </u>						10					
Reject Ind			+		Ind				rride Ind				
PrtRA Ind			-		verride Ind				npound				Y
Туре		0		•				Rec	ycle Da	ys			0
HIPAA esc			Cu	IBS	ack Ind								
Program I	ndicato	rs											
Medicaid		Υ			SLH				TD	0			
FAMIS		Υ		/	Assessment	3							
Claim Typ	е			i	_								
Dental			ŀ	Υ	Pharmacy			Υ	Inpatie	nt			Υ
Nursing					Home Hea	lth		Υ	Outpat	ient			Υ
Physician			ŀ	Υ	Personal C	are		Υ	Labora	itory			Υ
Transportation	on			Υ	Xover A				Xover I	В			
Cap Pay					Man Fee				Admin				
Asmt Fee													
Date Infor	mation												
Effective Dat	e Code				Effectiv	e Date			Revisio	n Date	!		
Media/Dis	positio	n/Pe	end	L	ocation C	odes							
Media					LOC		Dis	sp					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-534 ESC-534

<b>Edit Inforn</b>	nation											
Edit Number	534		es	sc Number	534	N	ICPE	P Code				
	•					•						
Short Desc	DX NOT	COV	, MIS	SING OR IN	VALID							
Long Desc	DIAGNO INVALID	•	ES) I	S (ARE) NO	COVERED	, MIS	SINC	G, OR AR	E			
Edit Criteria	This edit	is a d	lenial	edit submitte	d on an enco	unter	claim	١.				
General Indicators												
Reject Ind			Den	v Ind		T	Ove	rride Ind		_	Т	
PrtRA Ind			ļ	Override Ind				npound Ir	nd		Υ	
			Prior	rity		ycle Day			0			
HIPAA esc			CutE	utBack Ind								
Program II	ndicato	rs										
Medicaid		Υ		SLH				TDC				
FAMIS		Υ		Assessment	s							
Claim Typ	<b>e</b>			_	_				-			
Dental			Υ	Pharmacy	,		Υ	Inpatient	<u> </u>		Y	,
Nursing				Home Hea	alth		Υ	Outpatie	nt		Y	,
Physician			Y	Personal (	Care		Υ	Laborato	ory		Y	,
Transportatio	n		Υ	Xover A				Xover B				
Cap Pay				Man Fee				Admin				
Asmt Fee												
Date Inforr	nation											
Effective Date	Code			Effectiv	ve Date			Revision	Date			
Media/Dis <sub>l</sub>	oositio	n/Pe	nd L	_ocation C	Codes			-				
Media				LOC		Dis	sp					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

### Edit/Audit Inquiry Results Edit-535 ESC-535

<b>Edit Inform</b>	nation													
Edit Number	535		ε	SC	Number	535		NCI	PDF	Code				
Short Desc	NOT CO	V, R	TUC	INE	Ē									
Long Desc	NON-CO				RVICES: F	ROUTINE	PRO	CED	URE	E DONE	AT			
Edit Criteria	This edit	is a d	lenia	lec	dit submitted	d on an er	ncount	er cla	im.					
General Indicators														
	ulcator	<b>5</b>	_											
Reject Ind			Der							ride Ind				
					erride Ind				-	pound Ir			Υ	
Туре				ority				R	есу	cle Days	3		0	
HIPAA esc C				Ba	ck Ind									
Program Ir	ndicato	rs												
Medicaid		Υ		Te	ELH		_	$\overline{}$		TDC				
FAMIS		Y		+	ssessment	<u> </u>		_		100				
1 7 (IVII)					1000001110110	<u> </u>								
Claim Type	е													
Dental				Y	Pharmacy			Y	′  I	npatient			Υ	
Nursing					Home Hea	alth		Υ	<i>'</i> (	Outpatie	nt		Υ	
Physician			\ 	Y	Personal C	Care		Υ	L	aborato	ry		Υ	
Transportation	n		\ 	Y	Xover A				>	Kover B				
Cap Pay					Man Fee				F	Admin				
Asmt Fee														
Date Inforr	mation													
Effective Date	e Code				Effectiv	e Date			R	Revision	Date	)		
Media/Disp	positio	n/Pe	nd	Lq	ocation C	codes			i					
Media					LOC			Disp						

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-536 ESC-536

Edit Inform	ation										
Edit Number	536	536 esc Number 536 NC						P Code			
	•		•					1			
Short Desc	NOT CO	OV, NO	OT ME	D NEC							
Long Desc	NON-C NECES				ECAUSE NO	TD	EEM	ED `MED	ICAL		
Edit Criteria	This edi	t is a d	enial e	dit submitte	d on an encou	nter	claim	۱.			
General Inc	dicato	rs									
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA Ov	erride Ind			Con	npound In	d	`	Y
Туре		0	Priorit				Rec	ycle Days		(	0
HIPAA esc			CutBa	ick Ind							
Program Ir	dicato	ors									
Medicaid		Υ	5	SLH				TDO			
FAMIS		Υ	Þ	Assessment	S						
Claim Type	<b>)</b>			-	-			-	-		
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	lth		Υ	Outpatier	nt		Υ
Physician			Υ	Personal C	are		Υ	Laborato	ry		Υ
Transportation	1		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforn	nation										
Effective Date	Code			Effectiv	e Date			Revision [	Date		
Media/Disp	ositio	n/Pe	nd Lo	ocation C	odes						
Media				LOC		Dis	sp				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-537 ESC-537

<b>Edit Inforn</b>	nation										
Edit Number	537		es	c Number	537	N	ICPE	P Code			
	•					•			•		
Short Desc	PRE-EX	ISTIN	1G								
Long Desc	THESE				SERVICES E	BECA	AUSE	EPRE-			
Edit Criteria	This edit	is a d	enial e	edit submitted	d on an encou	ınter	claim	<b>)</b> .			
General In	dicator	'S			_			-			
Reject Ind			Deny	/ Ind		T	Ove	erride Ind			
PrtRA Ind				override Ind			+	npound li	 าd		Υ
Туре		0	Prior				-	ycle Day			0
HIPAA esc			<del>                                     </del>	ack Ind				<u>, , , , , , , , , , , , , , , , , , , </u>			
Program I	ndicato	rs									
Medicaid		Υ		SLH				TDC	)		
FAMIS		Υ		Assessment	S						
Claim Typ	е				_						
Dental			Υ	Pharmacy			Υ	Inpatien	t		Υ
Nursing				Home Hea	alth		Υ	Outpatie	ent		Υ
Physician			Υ	Personal C	Care		Υ	Laborate	ory		Υ
Transportatio	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation										
Effective Date	e Code			Effectiv	ve Date			Revision	Date		
Media/Dis <sub> </sub>	positio	n/Pe	nd L	ocation C	Codes						
Media				LOC		Dis	sp				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

### Edit/Audit Inquiry Results Edit-538 ESC-538

			4.0	
	nto	rm	ati	<u>on</u>
	nfo			UII

Edit Number	538	esc Number	538	NCPDP Code	

Short Desc	PROV INCONSISTENT WITH SERVICE		
•	NOT ELIGIBLE TO REFER/PRESCRIBE/ORDER/PERFORM THE SERVICE BILLED.		
Edit Cri- teria	This edit is a denial edit submitted on an encounter claim.		

#### General Indicators

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind		PA Override Ind	Compound Ind	Υ
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

#### Program Indicators

Medicaid		SLH	TDO	
FAMIS	Υ	Assessments		

#### Claim Type

Dental	Υ	Pharmacy	Υ	Inpatient	Υ
Nursing		Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

#### Date Information

Effective Date Code	Effective Date	Revision Date	
---------------------	----------------	---------------	--

Media/Disposition/Pend Loca	ntion Codes		
Media	LOC	Disp	
Paper			
EMC			
Adjustment			
200			
POS			
Encounter Special Rates		9	
Special Batch PA			
IA			
Programs			
(None)			
Exceptions			
None			
Resolution			
(None)			
(1010)			

# Edit/Audit Inquiry Results Edit-539 ESC-539

Edit Inforn	nation											
Edit Number	539		esc	Number	539	N	ICPE	P Code				
	•		•									
Short Desc	NOT CC	V, RE	NDEF	RED BY FA	MILY MBR							
Long Desc		_		ED RELATI COVERED	IVE OR MEN	/IBER	OF S	SAME				
Edit Criteria	This edit	is a de	enial e	dit submitted	d on an enco	unter	claim					
General In	dicato	rs										
Reject Ind			Deny	Ind			Ove	rride Ind				
PrtRA Ind			PA O	verride Ind			Cor	npound Ir	nd		Υ	
Туре		0	Priorit	У			Red	ycle Days	3		0	
HIPAA esc			CutBa	ack Ind								
Program I	ndicato	re	-	_	_	-		_				
	Indicate		T <sub>z</sub>	21.11				TD 0				
Medicaid		Y		SLH Assessment				TDC	)			
FAMIS		Y	/	Assessment	S					<u> </u>		
Claim Typ	е											
Dental			Υ	Pharmacy			Υ	Inpatient	:		Υ	<b>/</b>
Nursing				Home Hea	alth		Υ	Outpatie	nt		)	Y
Physician			Y	Personal C	Care		Υ	Laborato	ory		)	(
Transportation	n		Y	Xover A				Xover B				
Cap Pay				Man Fee				Admin				
Asmt Fee												
Date Infor	mation											
Effective Date	e Code			Effectiv	ve Date			Revision	Date			
Media/Dis	positio	n/Pe	nd L	ocation C	Codes			-				
Media				LOC		Dis	sp					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-540 ESC-540

Edit Inform	nation										
Edit Number	540		es	c Number	540	N	ICPD	P Code			
Short Desc	NOT CO	V, ML	JLTIP	LPA							
Long Desc	MULTIP CASE.	LE Ph	HYSIC	IANS/ASSI	STANTS ARE	ENC	T CC	OVERED	IN THIS		
Edit Criteria	This edit	is a de	enial e	dit submitted	l on an encour	nter	claim				
General In	dicato	rs									
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA O	verride Ind			Con	npound In	d	`	Y
Туре		0	Priori	•			Rec	ycle Days		(	0
HIPAA esc			CutB	ack Ind							
Program li	ndicato	ors									
Medicaid		Υ		SLH				TDO			
FAMIS		Υ		Assessment	S						
Claim Typ	<b>e</b>			_	_				-		
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	ılth		Υ	Outpatier	nt		Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ry		Υ
Transportatio	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforr	mation										
Effective Date	e Code			Effectiv	ve Date			Revision [	Date		
Media/Dis <sub>l</sub>	positio	n/Pe	nd L	ocation C	codes						
Media				LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

### Edit/Audit Inquiry Results Edit-541 ESC-541

#### **Edit Information**

Edit Number	541	esc Number	541	NCPDP Code	

Short Desc	EXPERIMENTAL/INVESTIGATIONAL		
Desc	DENIED BECAUSE IT IS DEEMED EXPERIMENTAL/INVESTIGATIONAL BY THE PAYER		
Edit Cri- teria	This edit is a denial edit submitted on an encounter claim.		

#### **General Indicators**

Reject Ind		Deny Ind	Override Ind	
PrtRA Ind		PA Override Ind	Compound Ind	Υ
Туре	0	Priority	Recycle Days	0
HIPAA esc		CutBack Ind		

#### **Program Indicators**

Medicaid	Υ	SLH	TDO	
FAMIS	Υ	Assessments		

#### Claim Type

Dental	Υ	Pharmacy	Υ	Inpatient	Υ
Nursing		Home Health	Υ	Outpatient	Υ
Physician	Υ	Personal Care	Υ	Laboratory	Υ
Transportation	Υ	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

#### Date Information

Effective Date Code	Effective Date	Revision Date	
---------------------	----------------	---------------	--

Media/Disposition/Pend Loca	ntion Codes		
Media	LOC	Disp	
Paper			
EMC			
Adjustment			
200			
POS			
Encounter Special Rates		9	
Special Batch PA			
IA			
Programs			
(None)			
Exceptions			
None			
Resolution			
(None)			
(1010)			

# Edit/Audit Inquiry Results Edit-542 ESC-542

Edit Information  Edit Number   542   esc Number   542   NCPDP Code    Short Desc   LESS THAN EFF TREATMENT/SVC   Long Desc   LESS THAN EFFECTIVE TREATMENT/SERVICE.         Edit Criteria   This edit is a denial edit submitted on an encounter claim.        General Indicators  Reject Ind   Deny Ind   Override Ind   Compound Ind   Y   PTRA Ind   PA Override Ind   Compound Ind   Y   Type   O Priority   Recycle Days   0   HIPAA esc   CutBack Ind        Program Indicators  Medicaid   Y   SLH   TDO   FAMIS   Y   Assessments      Claim Type  Dental   Y   Pharmacy   Y   Inpatient   Y   Nursing   Home Health   Y   Outpatient   Y   Physician   Y   Personal Care   Y   Laboratory   Y   Transportation   Y   Xover A   Xover B   Cap Pay   Man Fee   Admin   Asmt Fee   Date Information  Effective Date Code   Effective Date   Revision Date     Media   LOC   Disp										
Short Desc   LESS THAN EFF TREATMENT/SVC   Long Desc   LESS THAN EFFECTIVE TREATMENT/SERVICE.   Edit Criteria   This edit is a denial edit submitted on an encounter claim.	Edit Information									
Long Desc LESS THAN EFFECTIVE TREATMENT/SERVICE.  Edit Criteria This edit is a denial edit submitted on an encounter claim.  General Indicators  Reject Ind Deny Ind Override Ind Compound Ind Y Type O Priority Recycle Days D HIPAA esc CutBack Ind  Program Indicators  Medicaid Y SLH TDO FAMIS Y Assessments  Claim Type  Dental Y Pharmacy Y Inpatient Y Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee  Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes	Edit Number 542		es	c Number	542	N	CPE	OP Code		
Long Desc LESS THAN EFFECTIVE TREATMENT/SERVICE.  Edit Criteria This edit is a denial edit submitted on an encounter claim.  General Indicators  Reject Ind Deny Ind Override Ind Compound Ind Y Type O Priority Recycle Days D HIPAA esc CutBack Ind  Program Indicators  Medicaid Y SLH TDO FAMIS Y Assessments  Claim Type  Dental Y Pharmacy Y Inpatient Y Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee  Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes										
Edit Criteria This edit is a denial edit submitted on an encounter claim.  General Indicators  Reject Ind Deny Ind Override Ind Compound Ind Y Type O Priority Recycle Days D HIPAA esc CutBack Ind  Program Indicators  Medicaid Y SLH TDO FAMIS Y Assessments  Claim Type  Dental Y Pharmacy Y Inpatient Y Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee  Date Information  Effective Date Code Effective Date Revision Date  Medicaid Y SLH TDO Y Inpatient Y Name Health Y Name Health Y Outpatient Y Name Health Y Outpatient Y Name Health Y Name He	Short Desc LESS THAN EFF TREATMENT/SVC									
Reject Ind Deny Ind Override Ind PrtRA Ind PA Override Ind Compound Ind Y Type O Priority Recycle Days 0 HIPAA esc CutBack Ind TDO FAMIS Y Assessments  Claim Type  Dental Y Pharmacy Y Inpatient Y Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee  Date Information  Effective Date Code  Media/Disposition/Pend Location Codes	Long Desc LESS THAN EFFECTIVE TREATMENT/SERVICE.									
Reject Ind	Edit Criteria This edit is	s a de	nial e	dit submitted	on an encoun	iter c	laim.			
Reject Ind	General Indicator	'S								
PrtRA Ind			Denv	/ Ind		T	Ove	erride Ind		
Type O Priority Recycle Days O HIPAA esc CutBack Ind  Program Indicators  Medicaid Y SLH TDO FAMIS Y Assessments  Claim Type  Dental Y Pharmacy Y Inpatient Y Outpatient Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin  Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes	•						1			Υ
Program Indicators  Medicaid Y SLH TDO FAMIS Y Assessments  Claim Type  Dental Y Pharmacy Y Inpatient Y Outpatient Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin  Asmt Fee  Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes	Туре	0	Prior	ity				•		0
Medicaid Y SLH TDO FAMIS Y Assessments  Claim Type  Dental Y Pharmacy Y Inpatient Y Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee  Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes	HIPAA esc		CutB	ack Ind						
Medicaid Y SLH TDO FAMIS Y Assessments  Claim Type  Dental Y Pharmacy Y Inpatient Y Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee  Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes	Due avene le die ete					_	_			
Claim Type  Dental Y Pharmacy Y Inpatient Y Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin  Asmt Fee Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes		rs								
Claim Type  Dental Y Pharmacy Y Inpatient Y Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee  Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes				_			TDO			
Dental Y Pharmacy Y Inpatient Y Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee  Date Information  Effective Date Code Effective Date Revision Date	FAMIS	ΙΥ		Assessment	S					
Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes	Claim Type									
Nursing Home Health Y Outpatient Y Physician Y Personal Care Y Laboratory Y Transportation Y Xover A Xover B Cap Pay Man Fee Admin Asmt Fee Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes	Dental		Υ	Pharmacy			Υ	Inpatient		Υ
Transportation Y Xover A Xover B  Cap Pay Man Fee Admin  Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes	Nursing			<u> </u>			Υ	<u> </u>		Υ
Cap Pay Asmt Fee  Date Information  Effective Date Code  Media/Disposition/Pend Location Codes	Physician		Υ	Personal (	Care		Υ	Laboratory		Υ
Date Information  Effective Date Code   Effective Date   Revision Date    Media/Disposition/Pend Location Codes	Transportation		Υ	Xover A				Xover B		
Date Information  Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes				Man Fee				Admin		
Effective Date Code Effective Date Revision Date  Media/Disposition/Pend Location Codes	Asmt Fee									
Media/Disposition/Pend Location Codes	Date Information									
·	Effective Date Code			Effectiv	ve Date			Revision Date		
·	Media/Dispositio	n/Pe	nd L	ocation (	Codes					
	·					Dis	p			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

Edit/Audit	Inquiry	Results	<b>Edit-543</b>
ESC-543			

<b>Edit Information</b>									
Edit Number 543		es	c Number	543	N	CPE	OP Code		
Short Desc SERVICE(S) NOT JUSTIFIED									
Long Desc SERVICE(S) NOT JUSTIFIED									
Edit Criteria This edit is a denial edit submitted on an encounter claim.									
General Indicato	rs								
Reject Ind		Deny	/ Ind			Ove	erride Ind		
PrtRA Ind		PAC	override Ind			Cor	mpound Ind		Y
Туре	0	) Priority				Red	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicators									
Medicaid	Υ		SLH				TDO		
FAMIS	Y		Assessment	S					
Claim Type			_	_			_	-	
Dental		Υ	Pharmacy			Υ	Inpatient		Υ
Nursing			Home Hea			Υ	Outpatient		Υ
Physician		Y	Personal C	Care		Υ	Laboratory	,	Υ
Transportation		Υ	Xover A				Xover B		
Cap Pay			Man Fee				Admin		
Asmt Fee									
Date Information									
Effective Date Code			Effectiv	ve Date			Revision Da	ate	
Media/Disposition/Pend Location Codes									
Media			LOC		Dis	р			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

#### Edit/Audit Inquiry Results Edit-544 ESC-544

<b>Edit Inform</b>	nation										
Edit Number	544		esc	Number	544	N	CPE	P Code			
	l		I			I		<u>'</u>			
Short Desc INAPP OR INVALID POS											
Long Desc INAPPROPRIATE OR INVALID PLACE OF SERVICE.											
Edit Criteria This edit is a denial edit submitted on an encounter claim.											
	di a a ta a		_			_					
General Inc	dicator	'S									
Reject Ind			Deny				Ove	erride Ind			
PrtRA Ind				erride Ind				npound Inc	<u> </u>	Υ	
Туре		0	Priorit	<u> </u>			Red	cycle Days		0	
HIPAA esc			CutBa	ack Ind							
Program Ir	ndicato	rs		_				_	_		
Medicaid	raroate	Υ	ا	SLH				TDO			
FAMIS		Y		Assessment	<u> </u>			TDO			
I AIVIIO				1550551110111	5						
Claim Type	9										
Dental			Υ	Pharmacy			v	Inpatient		Υ	
Nursing				Home Hea	ılth		Υ	Outpatien	t	Y	
Physician			Υ	Personal C	Care		Υ	Laborator	у	Υ	
Transportation	า		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforn	nation										
Effective Date				Effectiv	ve Date		П	Revision D	)ate		
Lifective Date	Code			HEITECTIV	e Dale			IVENI2011 F	ale		
Media/Disp	ositio	n/Pe	nd Lo	ocation C	odes						
Media				LOC		Dis	p				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

#### Edit/Audit Inquiry Results Edit-545 ESC-545

Edit Inform	nation										
Edit Number	545		esc	Number	545	N	CPD	P Code			
					1						
Short Desc MULTIPLE SURGERY RULES APPLIED											
Long Desc CHARGES ARE ADJUSTED BASED ON MULTIPLE SURGERY RULES											
Edit Criteria	This edit is a denial edit submitted on an encounter claim.										
General In	dicato	rs			_						
Reject Ind						Ove	rride Ind				
PrtRA Ind		PA Override Ind				Con	npound In	d	Y	,	
Туре		0	Priority				Red	ycle Days	;	0	
HIPAA esc			CutBa	ack Ind							
Drogram Ir	adicato	. KC	-	_				_	-		
Program Ir	luicate										
Medicaid		Y		SLH				TDO			
FAMIS		Υ		Assessment	S						
Claim Type	е										
Dental			Υ	Pharmacy			Υ	Inpatient		ŀ	Υ
Nursing				Home Hea	alth		Υ	Outpatie	nt		Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ry	,	Υ
Transportation	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforr	mation										
Effective Date	Code			Effectiv	ve Date			Revision I	Date		П
Media/Disposition/Pend Location Codes											
Media				LOC		Dis	p				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-546 ESC-546

<b>Edit Inforn</b>	nation										
Edit Number	546		es	c Number	546	N	CPD	P Code	Τ		
	•					,			•		
Short Desc NOT COV, PROXIMITY TO INPT CARE											
Long Desc OUTPATIENT SERVICES WITH PROXIMITY TO INPATIENT SERVICES NOT COVERED.											
Edit Criteria	This edit is a denial edit submitted on an encounter claim.										
General In	dicator	'S									
Reject Ind			Deny	/ Ind		Т	Ove	rride Ind			
PrtRA Ind				override Ind				npound l			Υ
Туре		O Priority						ycle Day			0
HIPAA esc			CutB	ack Ind							
Program I	ndicato	rs									
Medicaid		Υ		SLH				TD	<u> </u>		
FAMIS		Υ		Assessment	is .						
Claim Typ	е										
Dental			Υ	Pharmacy	•		Υ	Inpatier	nt		Υ
Nursing				Home Hea	alth		Υ	Outpati	ent		Υ
Physician			Υ	Personal C	Care		Υ	Laborat	ory		Υ
Transportatio	n		Y	Xover A				Xover E	3		
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation										
Effective Date	e Code			Effectiv	ve Date			Revision	n Date		
Media/Dis	positio	n/Pe	nd L	ocation C	Codes						
Media				LOC		Dis	р				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

Edit/Audit	Inquiry	Results	<b>Edit-547</b>
ESC-547			

Edit Information											
Edit Number	547		esc	Number	547	N	ICPD	P Code			
	•		•								
Short Desc	ort Desc ADJ CHGS, NO SSO										
Long Desc	CHARGES ADJUSTED FOR FAILURE TO OBTAIN SECOND SURGICAL OPINION.										
Edit Criteria	This edit is a denial edit submitted on an encounter claim.										
General Indicators											
Reject Ind			Deny Ind				Override Ind				
PrtRA Ind			PA Override Ind				Con	Compound Ind			
Туре		0	Priority				Rec	Recycle Days			
HIPAA esc			CutBack Ind								
Program Ir	ndicato	ors									
Medicaid Y SLH								TDO	_		
FAMIS		<u>'</u>  Y		Assessment	•			100			
Claim Type											
Dental			Υ	Pharmacy			Υ	Inpatient		Y	<u> </u>
Nursing				Home Health			Υ	Outpatien	t	Y	1
Physician			Y	Personal Care			Υ	Laborator	у	Y	/
Transportation			Y	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforr	nation				_				-		
Effective Date Code				Effective Date				Revision D	ate		
Media/Disposition/Pend Location Codes											
Media				LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

### Edit/Audit Inquiry Results Edit-548 ESC-548

Edit Inforr	nation												
Edit Number	548			esc	Number	548	N	ICPD	P Code	T			
	<b>'</b>						<u> </u>						
Short Desc	AUTH N	OF C	OR E	XC	EEDED								
Long Desc	PAYME! EXCEE!		ENI	ED	/REDUCED	AUTHOR	RIZATIO	ON M	ISSING	OR			
Edit Criteria	This edit	is a c	denia	al e	dit submitted	on an enc	ounter o	claim					
General Ir	ndicator	re			_	_	-		_				
	Idicatoi		T_										
Reject Ind			_		Ind				rride Ind			\ <u>\</u>	
PrtRA Ind			_		verride Ind				npound I			Y	
Type HIPAA esc		0		iorit	<u> </u>			Rec	ycle Day	/S		0	
HIPAA esc			CL	IIB	ack Ind								
Program I	ndicato	rs											
Medicaid		Υ		Ç	SLH				TD	C			
FAMIS		Υ		/	Assessment	S							
Claim Typ	)e				_	_							
Dental				Υ	Pharmacy			Υ	Inpatier	nt		Υ	
Nursing					Home Hea	ılth		Y	Outpati			Y	
Physician				Υ	Personal C			Υ	Laborat			Y	
Transportation	n			Υ	Xover A				Xover E				
Cap Pay					Man Fee				Admin				
Asmt Fee													
Date Infor	mation			i	_								
Effective Date	e Code				Effectiv	e Date			Revisior	n Date	!		Π
Media/Dis	positio	n/Pe	end	L	ocation C	odes							
Media					LOC		Dis	sp					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

#### Edit/Audit Inquiry Results Edit-549 ESC-549

<b>Edit Inform</b>	ation									
Edit Number	549		es	sc Number	549	N	CPE	OP Code		
Short Desc	PRIMAF	RY PA	YER	RAMT						
Long Desc	PRIMAF	RY PA	YER	R AMOUNT.						
Edit Criteria	This edit	is a d	lenial	edit submitte	d on an enco	ounter	claim	1.		
General Inc	dicator	'S								
Reject Ind			Den	y Ind			Ove	erride Ind		
PrtRA Ind			PAC	Override Ind			Cor	npound Inc	t	Y
Туре		0	Prio	rity			Red	cycle Days		0
HIPAA esc			CutE	Back Ind						
Program In	dicato	rs								
Medicaid		Υ		SLH				TDO		
FAMIS		Υ		Assessment	s					
Claim Type				_	_	-		_	-	
Dental			ΙΥ	Dharman			Υ	Innationt		Y
Nursing				Pharmacy Home Hea			Y	Inpatient Outpatien	t	Y
Physician			Y				Y	Laborator		<u>'</u> Ү
Transportation	<u> </u>		Y				Υ	Xover B	<del>)</del>	
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Inform	nation			_	_			-	-	
Effective Date		_	_	Effectiv	/e Date		П	Revision D	)ate	
Media/Disp	ositio	n/Pe	nd l	Location (	codes					
Media				LOC		Dis	р			

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-550 ESC-550

Edit Information									
Edit Number 550		es	c Number	550	N	CPE	OP Code		
Short Desc NOT CO	V, AD	)J DA	YS/ROOM C	HG					
Long Desc NON-CO	VER	ED D	AYS/ROOM	CHARGE AD	JUS	STME	ENT.		
Edit Criteria This edit	is a d	enial e	edit submitted	d on an encour	nter o	claim	l		
General Indicator	'S								
Reject Ind		Deny	/ Ind			Ove	erride Ind		
PrtRA Ind		PA C	verride Ind			Cor	mpound Inc	d	Y
Туре	0	Prior	ity			Red	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicato	rs								
Medicaid	Υ		SLH				TDO		
FAMIS	Υ		Assessment	S					
Claim Type									
Dental		Υ	Pharmacy			Υ	Inpatient		Y
Nursing		+	Home Hea			Y	Outpatien	t	Y
Physician		Y	Personal (	Care		Υ	Laborator		Υ
Transportation		Y	Xover A				Xover B	<u>-</u>	
Cap Pay			Man Fee				Admin		
Asmt Fee									
Date Information			_	_					
Effective Date Code			Effectiv	ve Date			Revision D	ate	
Media/Dispositio	n/Pe	nd L	ocation (	Codes					
Media			LOC		Dis	р			
					•				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-551 ESC-551

Edit Informa	tion									
Edit Number	551		es	sc Number	551	N	CPE	P Code		
Short Desc IN	ITERE	STA	MT							
Long Desc IN	ITERE	STA	MOU	NT.						
Edit Criteria Th	nis edit	is a d	enial	edit submitted	d on an encou	nter	claim	١.		
General Indi	cator	S								
Reject Ind			Deny	/ Ind			Ove	erride Ind	l	
PrtRA Ind			PAC	Override Ind			Cor	mpound	Ind	Y
Туре		0	Prior	ity			Red	cycle Day	/S	0
HIPAA esc			CutE	Back Ind						
Program Ind	licato	rs								
Medicaid		Υ		SLH				TD	0	
FAMIS		Υ		Assessment	S					
Claim Type				_	_			-		-
Dental		_	Υ	Pharmacy		_	Υ	Inpatier	nt	Υ
Nursing				Home Hea	ılth		Υ	Outpati		Υ
Physician			Y	Personal C	Care		Υ	Laborat	tory	Υ
Transportation			Y	Xover A				Xover E	3	
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Informa	ation									
Effective Date C	ode			Effectiv	e Date			Revision	n Date	
Media/Dispo	sitior	ı/Pe	nd L	ocation C	odes					
Media				LOC		Dis	р			
				•						

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-552 ESC-552

<b>Edit Inforn</b>	nation										
Edit Number	552		es	c Number	552	N	CPD	P Code			
Short Desc	ADJ BE	NF, P	LAN F	PROC NOT F	OLLOWED						
Long Desc	BENEFI	TS AI	DJUS	TED. PLAN	PROCEDUR	ES N	IOTI	FOLLOW	/ED.		
Edit Criteria	This edit	is a d	enial e	edit submitted	d on an encou	nter o	claim				
General In	dicator	·c	-								
	uicatoi	<u> </u>	I_				-				
Reject Ind			Deny					rride Ind			
PrtRA Ind			_	verride Ind				npound I		Y	
Туре		0	Priori				Rec	ycle Day	S	0	
HIPAA esc			Cuib	ack Ind							
Program II	ndicato	rs									
Medicaid		Υ		SLH				TDO	)		
FAMIS		Υ		Assessment	s						
Claim Typ	<b>e</b>										
Dental			Υ	Pharmacy			Υ	Inpatien	t	,	Y
Nursing				Home Hea	ılth		Υ	Outpatie		,	Y
Physician			Υ	Personal C	Care		Υ	Laborat	ory	\	Y
Transportatio	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inform	mation										
Effective Date	Code			Effectiv	e Date			Revision	Date		П
Media/Dis	positio	n/Pe	nd L	ocation C	Codes						
Media				LOC		Dis	p				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

#### Edit/Audit Inquiry Results Edit-553 ESC-553

Edit Information									
Edit Number 553		es	c Number	553	N	CPE	OP Code		
Short Desc NON-Co	OVEF	RED C	HARGE(S)						
			HARGE(S).						
Edit Criteria This edit	is a d	enial	edit submitted	d on an enco	unter	claim	١.		
General Indicato	rs								
Reject Ind		Deny	/ Ind			Ove	erride Ind		
PrtRA Ind		PAC	override Ind			Cor	mpound Ind		Y
Туре	0	Prior	ity			Red	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicato	ors								
Medicaid	Υ		SLH				TDO		
FAMIS	Υ		Assessment	S					
Claim Type			_	_			_	-	_
Dental		Υ	Dharmany			Υ	Innationt		Υ
Nursing		T T	Pharmacy Home Hea			Y	Inpatient Outpatient		Y
Physician		Y	Personal C			Ϋ́	Laboratory		Y
Transportation		Y	Xover A			<u> </u>	Xover B		
Cap Pay			Man Fee				Admin		
Asmt Fee									
Date Information			_	_			_	-	_
Effective Date Code			Effectiv	/e Date			Revision D	ato	
Encouve Date Code			HEIGGIN	CDate			T CVISION D	uic	
Media/Dispositio	n/Pe	nd L	ocation C	odes					
Media			LOC		Dis	р			
			•						

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

#### Edit/Audit Inquiry Results Edit-554 ESC-554

Edit Inforn	nation									
Edit Number	554		esc	Number	554	N	ICPD	P Code		
	•							•		
Short Desc	PD IN AI	LOW	/ W/O	TH SVC/PR	C					
Long Desc	PAYMEI SERVIC				IE ALLOWA	NCE	FOR	ANOTHE	:R	
Edit Criteria	This edit	is a de	enial e	dit submitted	l on an encou	unter	claim			
General In	dicato	'S								
Reject Ind			Deny	Ind			Ove	rride Ind		
PrtRA Ind			PA O	verride Ind			Con	npound In	d	Υ
Туре		0	Priori	•			Rec	ycle Days		0
HIPAA esc			CutBa	ack Ind						
Program II	ndicato	rs								
Medicaid		Υ	,	SLH				TDO		
FAMIS		Υ		Assessment	s					
Claim Typ	е									
Dental			Υ	Pharmacy			Υ	Inpatient		Υ
Nursing				Home Hea	alth		Υ	Outpatier	nt	Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ry	Υ
Transportatio	n		Y	Xover A				Xover B		
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Inform	mation									
Effective Date	e Code			Effectiv	e Date			Revision I	Date	
Media/Dis <sub>l</sub>	positio	n/P <u>e</u>	nd L	ocation C	codes					
Media				LOC		Dis	sp			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

#### Edit/Audit Inquiry Results Edit-555 ESC-555

Edit Informa	ition														
Edit Number	555		es	sc Numl	ber	555		NCI	PDF	Code					
,						1									
Short Desc PD	PT/IN	S/RE	SPF	PARTY											
. 5	YMEN RTY.	ТМА	DE T	OPAT	IENT/	INSURE	D/RES	SPON	NSIE	BLE					
Edit Criteria Th	is edit is	s a de	nial e	edit subr	nitted	on an end	counte	r claiı	m.						
General Indi	icator	S													
Reject Ind			Den	y Ind				0	veri	ride Ind					
PrtRA Ind			PAC	Override	Ind			С	om	pound In	ıd			Υ	
Type		0	Prio	rity				R	Recy	cle Days	3			0	
HIPAA esc			CutE	Back Inc	i										
Program Inc	licato	re				_	-								
	IICalu			la											
Medicaid		Y		SLH						TDO			_		
FAMIS		Υ		Assess	sment	S							<u> </u>		
Claim Type															
Dental			Y	Phar	macy			Y	<u> </u>	npatient				Y	,
Nursing				Hom	е Неа	ılth		Y	′ (	Outpatie	nt			Y	,
Physician			Υ	Pers	onal C	Care		Y	' L	₋aborato	ry			Y	,
Transportation			Y	Xove	er A				<u> </u>	Kover B					
Cap Pay				Man	Fee				1	Admin					
Asmt Fee															
Date Informa	ation														
Effective Date C	ode			E	ffectiv	e Date			R	Revision	Date	!			
Media/Dispo	sitio	n/Pe	nd l	Locati	on C	odes									
Media					LOC			Disp							

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-556 ESC-556

Edit Inforr	nation												
Edit Number	556			esc	Number	556	N	ICPE	)P Co	ode			
			I										
Short Desc	SVC MU	STB	BE C	ON	//PLETED								
Long Desc	PAYMEN ADJUDI	_	_	_	OMPLETIO	N OF SERV	/ICES	OR	CLAII	M			
Edit Criteria	This edit	is a d	lenia	al e	dit submitted	on an enco	unter	claim					
General Ir	ndicator	'C			_	_				_			
	Idicator		T_										
Reject Ind					Ind				erride			\ <u>\</u>	_
PrtRA Ind		0	-		verride Ind			_		nd Ind		Υ	
Type HIPAA esc		0		orit	.y ack Ind			Rec	cycle I	Days		0	
nipaa esc			Cu	ILDa	ack ind								
Program I	ndicato	rs											
Medicaid		Υ		Ş	SLH				-	TDO			
FAMIS		Υ		/	Assessment	3							
Claim Typ	e			i	_								i
Dental				Υ	Pharmacy			Υ	Inpa	tient		Υ	
Nursing					Home Hea	lth		Υ	Outp	atient		Υ	
Physician				Υ	Personal C	are		Υ	Labo	oratory		Υ	
Transportation	n			Υ	Xover A				Xove	er B			
Cap Pay					Man Fee				Adm	nin			
Asmt Fee													
Date Infor	mation												
Effective Dat	e Code				Effectiv	e Date			Revis	sion Date			
Media/Dis	positio	n/Pe	end	L	ocation C	odes		۰	۰		۰		
Media					LOC		Dis	sp					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-557 ESC-557

<b>Edit Inforn</b>	nation									
Edit Number	557		es	sc Number	557	N	CPE	OP Code		
Short Desc	INV CLM	1 SUE	BMIS	SION SEQUE	ENCE					
Long Desc	INVALID	CLA	IM SI	JBMISSION	SEQUENCE					
Edit Criteria	This edit	is a d	enial	edit submitted	d on an encour	nter o	claim			
General In	dicator	'S		_	_			_	-	
Reject Ind	dicator		Den	y Ind		Т	Ove	erride Ind		
PrtRA Ind				Override Ind				mpound In	d	Y
Туре		0	Prio				<del> </del>	cycle Days		0
HIPAA esc				Back Ind				- <b>y y</b> -		
	-111-									
Program I	ndicato	ors								
Medicaid		Y		SLH				TDO		
FAMIS		Υ		Assessment	S					
Claim Typ	е									
Dental			Υ	Pharmacy	,		Υ	Inpatient		Υ
Nursing				Home Hea			Υ	Outpatie	nt	Y
Physician			Y	Personal (	Care		Υ	Laborato	ry	Υ
Transportatio	n		Y	Xover A				Xover B		
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Inform	mation									
Effective Date	Code			Effectiv	ve Date			Revision I	Date	
Media/Dis <sub>l</sub>	positio	n/Pe	nd	Location C	Codes	ú	i			
Media				LOC		Dis	р			

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-558 ESC-558

Edit Inforn	nation			_								
Edit Number	558		es	sc Number	558		NCF	PDP C	ode			
Short Desc	ADJ PYN	/IT, R	ENT	PURC GUDI	LIN NOT I	MET						
Long Desc				CED BECAU RE NOT MET		T/PUR(	CHA	SE				
Edit Criteria	This edit	is a de	enial	edit submitted	d on an en	counte	r clai	m.				
General In	dicator	S										
Reject Ind			Den	y Ind			O	verrid	e Ind			
PrtRA Ind			PA (	Override Ind			C	ompo	und In	d		Υ
Туре		0	Prio	rity			R	ecycle	Days	;		0
HIPAA esc			CutE	Back Ind								
Program I	ndicato	rs		_							i	
Medicaid		Υ		SLH					TDO			
FAMIS		Υ		Assessment	S							
Claim Typ	е											
Dental			Υ	Pharmacy			Υ	Inp	atient			Υ
Nursing				Home Hea	alth		Υ	Ou	tpatie	nt		Υ
Physician			Υ	Personal C	Care		Υ	Lat	orato	ry		Υ
Transportatio	n		Y	Xover A				Xo	ver B			
Cap Pay				Man Fee				Adı	min			
Asmt Fee												
Date Infor	mation											
Effective Date	e Code			Effectiv	/e Date			Rev	ision l	Date		
Media/Dis	positio	n/Pe	nd I	_ocation (	Codes							

LOC

Disp

Media

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-559 ESC-559

<b>Edit Information</b>									
Edit Number 559		es	c Number	559	N	CPD	P Code		
·		·							
Short Desc SEND C	LMT	осо	RRECTPAY	⁄ER					
Long Desc YOU MU	JST S	END	THE CORRI	ECT CLAIM TO	000	ORR	ECT PAYE	R.	
Edit Criteria This edit	is a d	enial	edit submitted	d on an encoun	nter o	claim	<b>).</b>		
General Indicato	rs								
Reject Ind		Deny	/ Ind			Ove	erride Ind		
PrtRA Ind		PAC	verride Ind			Con	npound Ind		Υ
Туре	0	Prior	ity			Rec	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicato	ors								
Medicaid	Υ		SLH				TDO		
FAMIS	Υ		Assessment	s					
Claim Type									
Dental		Υ	Pharmacy			Υ	Inpatient		Υ
Nursing			Home Hea	ılth		Υ	Outpatient		Y
Physician		Υ	Personal C	Care		Υ	Laboratory		Υ
Transportation		Υ	Xover A				Xover B		
Cap Pay			Man Fee				Admin		
Asmt Fee									
Date Information									
Effective Date Code			Effectiv	ve Date			Revision Da	ite	
Media/Dispositio	n/Pe	nd L	ocation C	odes					
Media			LOC		Dis	р			

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-560 ESC-560

<b>Edit Information</b>									
Edit Number 560		es	c Number	560	N	CPE	OP Code		
·							<u> </u>		
Short Desc BILLING DT PRECEEDS DOS									
Long Desc BILLING DATE PREDATES SERVICE DATE.									
Edit Criteria This edit is a denial edit submitted on an encounter claim.									
General Indicato	re	-	_	_	-	-	_		
	15				_				
Reject Ind		Deny					erride Ind		
PrtRA Ind			verride Ind				mpound Ind		Υ
Туре	0	Prior				Red	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicat	ors								
Medicaid	Y		SLH				TDO		
FAMIS	Υ		Assessment	S					
Claim Type	-	-	_	_	-	-	_		
<u> </u>		1	T			l	T		
Dental		Y	Pharmacy			Υ	Inpatient		Y
Nursing			Home Hea			Υ	Outpatient		Υ
Physician		Y	Personal C	Care		Υ	Laboratory		Υ
Transportation		Y	Xover A				Xover B		
Cap Pay			Man Fee				Admin		
Asmt Fee									
Date Information									
Effective Date Code			Effectiv	/e Date			Revision Date		
Media/Disposition	n/Pe	nd L	ocation C	odes					
Media			LOC		Dis	р			
							ļ		

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-561 ESC-561

Edit Inform	nation										
Edit Number	561		es	c Number	561	N	CPD	P Code			
Short Desc NOT COV, UNLESS PRV ACPT ASSIGN											
Long Desc NOT COVERED UNLESS THE PROVIDER ACCEPTS ASSIGNMENT.											
Edit Criteria This edit is a denial edit submitted on an encounter claim.											
General In	dicator	'S					i				
Reject Ind			Deny	· Ind		Т	Ove	rride Ind			
PrtRA Ind				verride Ind			Con	npound In	ıd	Y	,
Туре		0	Priori	ity				ycle Days		0	)
HIPAA esc			CutB	ack Ind							
Program In	ndicato	rs									
Medicaid		Υ		SLH				TDO	1		
FAMIS		Υ		Assessment	S						
Claim Type	<b>e</b>			_	_			-			
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	ılth		Υ	Outpatie			Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ry		Υ
Transportation	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforr	nation										
Effective Date	Code			Effectiv	e Date			Revision	Date		
Media/Disp	oositio	n/Pe	nd L	ocation C	odes						
Media				LOC		Dis	р				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

#### Edit/Audit Inquiry Results Edit-562 ESC-562

<b>Edit Inforr</b>	nation										
Edit Number	562		es	sc Number	562	N	CPD	P Code			
	•								•		
Short Desc	SVC NO	TPE	RFO	RMED FOR F	PΤ						
Long Desc NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED.											
Edit Criteria This edit is a denial edit submitted on an encounter claim.											
General In	dicator	·e			_			-			
	laicatoi		Dan	. I se al			0.40	ا ما ما			
Reject Ind			Den	•		+		rride Ind	- al		 \ <u></u>
PrtRA Ind		0		Override Ind			+	npound l			Y
Type HIPAA esc		0	Prior	ack Ind			Rec	ycle Day	<u>S</u>		 0
HIPAA esc			Cui	sack ind							
Program I	ndicato	rs									
Medicaid		Υ		SLH				TDC	)		
FAMIS		Υ		Assessment	ts						
Claim Typ	e										
Dental			Υ	Pharmacy	,		Υ	Inpatien	t		Υ
Nursing				Home Hea			Υ	Outpatie			Υ
Physician			Υ	Personal (	Care		Υ	Laborate			Υ
Transportation	n		Y	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation										
Effective Date	e Code			Effectiv	ve Date			Revision	Date		
Media/Dis	positio	n/Pe	nd l	_ocation (	Codes		i				
Media				LOC		Dis	p				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

#### Edit/Audit Inquiry Results Edit-563 ESC-563

<b>Edit Inforn</b>	nation													
Edit Number	563			esc	Number	563		N	CPD	P Cod	е			
Short Desc NOT COV, OUTSIDE US OR DUE WAR														
Long Desc DENIED BECAUSE SERVICE PROVIDED OUTSIDE U.S. OR AS A RESULT OF WAR.														
Edit Criteria This edit is a denial edit submitted on an encounter claim.														
Caravallo	diester		_		_	_	_		_	_	_	_	_	
General In	uicator	5												
Reject Ind				ny l						rride In				
PrtRA Ind			_		erride Ind					npound				Υ
Туре		0		iorit	•				Rec	ycle Da	ays			0
HIPAA esc			Сι	ıtBa	ick Ind									
Program I	ndicato	rs												
Medicaid		Υ		5	SLH					TE	00			
FAMIS		Υ		P	Assessment	S								
Claim Typ	е													
Dental				Υ	Pharmacy				Υ	Inpatie	ent			Υ
Nursing					Home Hea	ılth			Υ	Outpa	tient			Υ
Physician				Υ	Personal C	Care			Υ	Labora	atory	/		Υ
Transportatio	n			Υ	Xover A					Xover	В			
Cap Pay					Man Fee					Admin	)			
Asmt Fee														
Date Infor	mation													
Effective Date	e Code				Effectiv	e Date				Revision	on D	ate		
Madia/Dia	o o citic	a/D	212.0		acation C	`odee								
Media/Dis	positioi	I/P	<b>ELIO</b>	L	ocation C	oues								

LOC

Disp

Media

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

#### Edit/Audit Inquiry Results Edit-564 ESC-564

Edit Inforn	nation									
Edit Number	564		esc	Number	564	N	ICPD	P Code		
	•							1		
Short Desc NOT COV, NO FDA APPROVAL										
Long Desc PROCEDURE/PRODUCT NOT APPROVED BY THE FOOD AND DRUG ADMINISTRATION.										
Edit Criteria This edit is a denial edit submitted on an encounter claim.										
General In	dicato	'S								
Reject Ind			Deny	Ind			Ove	rride Ind		
PrtRA Ind			PA Ov	erride Ind			Con	npound In	d	Υ
Туре		0	Priorit	•			Rec	ycle Days		0
HIPAA esc			CutBa	ick Ind						
Program I	ndicato	rs								
Medicaid		Υ	5	SLH				TDO		
FAMIS		Υ	F	Assessment	S					
Claim Typ	<u>е</u>			_						
Dental			Y	Pharmacy		_	Υ	Inpatient		Υ
Nursing				Home Hea	ılth		Υ	Outpatier	nt	Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ry	Υ
Transportatio	n		Υ	Xover A				Xover B		
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Infor	mation									
Effective Date	e Code			Effectiv	e Date			Revision [	Date	
Media/Dis	positio	n/Pe	nd L	ocation C	odes					
Media				LOC		Dis	sp			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

#### Edit/Audit Inquiry Results Edit-565 ESC-565

<b>Edit Inform</b>	nation											
Edit Number	565		e	sc Number	565	N	CPD	P Code				
	•				•	•						
Short Desc	PROC P	OST	POSI	ED OR CAN	CELED							
Long Desc PAYMENT ADJUSTED AS PROCEDURE POSTPONED OR CANCELED.												
Edit Criteria This edit is a denial edit submitted on an encounter claim.												
General In	dicator	<b>~</b> C						-				
	laicatoi		<u> Гран</u>			_	0	and a large				
Reject Ind				y Ind				erride Ind	al .		\ \ \	,
PrtRA Ind		0		Override Ind			+	npound In			Υ	
Type HIPAA esc		0	Prio	Back Ind			Rec	cycle Days	5		0	
HIPAA esc			Cuit	3ack ind								
Program I	ndicato	rs										
Medicaid		Υ		SLH				TDO	)			
FAMIS		Υ		Assessmen	ts							
Claim Typ	е											
Dental			Υ	Pharmacy	V		Υ	Inpatient				Υ
Nursing				Home He	<u> </u>		Υ	Outpatie				Υ
Physician			Y	Personal	Care		Υ	Laborato				Υ
Transportatio	n		Y	Xover A				Xover B				
Cap Pay				Man Fee				Admin				
Asmt Fee												
Date Infor	mation											
Effective Date	e Code			Effecti	ive Date			Revision	Date			
Media/Dis	positio	n/Pe	nd	Location	Codes		ė					
Media				LOC		Dis	p p					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

### Edit/Audit Inquiry Results Edit-566 ESC-566

Edit Inforr	nation										
Edit Number	566		esc	Number	566	N	ICPD	P Code			
	•							1			
Short Desc	INDEMN	IFICA	TION	NON-COMF	PLIANT						
Long Desc	_	ADVANCE INDEMNIFICATION NOTICE DID NOT COMPLY WITH REQUIREMENTS.									
Edit Criteria This edit is a denial edit submitted on an encounter claim.											
General Ir	ndicator	'S									
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA O	verride Ind			Con	npound In	d		Υ
Туре		0	Priorit	ty			Rec	ycle Days			0
HIPAA esc C				CutBack Ind							
Program I	ndicato	rs									
Medicaid		Υ	[	SLH				TDO			
FAMIS		Υ	,	Assessment	S						
Claim Typ	10			_	_			-	-		
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	nlth		Y	Outpatier	nt		Y
Physician			Y	Personal C			Υ .	Laborato			Y
Transportation	on		Y	Xover A				Xover B	- ,		
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation				_	i	۰				
Effective Dat	Effective Date Code Effective Date Revision Date										
Media/Dis	positio	n/Pe	nd L	ocation C	odes						
Media				LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-567 ESC-567

<b>Edit Inforn</b>	nation										
Edit Number	567		es	sc Number	567	N	CPD	P Code			
									<u> </u>		
Short Desc	TRANS	COVI	O TO	CLOSESTF	ACILITY						
Long Desc	ADJUST TO CLO				NSPORTAT	ION (	ONL	Y COVE	RED		
Edit Criteria	This edit	is a de	enial e	edit submitted	d on an encou	ınter d	claim				
General In	dicator	re			_						
	laicatoi		<u> </u>								
Reject Ind			Deny	<u> </u>				rride Ind			
PrtRA Ind		0		Override Ind				npound li			Y
Type O Pi							Rec	ycle Day	<u>s</u>		0
HIPAA esc			CutB	Back Ind							
Program li	ndicato	rs									
Medicaid		Υ		SLH				TDC	)		
FAMIS		Υ		Assessments							
Claim Typ	е				_						
Dental			Υ	Pharmacy	1		Υ	Inpatien	t		Υ
Nursing				Home Hea	alth		Υ	Outpatie	ent		Υ
Physician			Y	Personal (	Care		Υ	Laborate	ory		Υ
Transportatio	n		Y	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation										
Effective Date	Effective Date Code Effective Date Revision Date										
Media/Dis	Media/Disposition/Pend Location Codes										
Media				LOC		Dis	p				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

### Edit/Audit Inquiry Results Edit-568 ESC-568

<b>Edit Inforn</b>	nation										
Edit Number	568		es	sc Number	568	N	ICPE	P Code			
Short Desc	BENEFI	T MA	XRE	ACHED							
Long Desc	BENEFI REACH		XIMU	JM FOR THIS	S TIME PERI	OD H	IAS E	BEEN			
Edit Criteria	This edit	is a d	enial	edit submitte	d on an encou	unter	claim				
General In	dicator	re		_	_			-			
	arcator	3	D	I.a. al			0	unial a lucal			
Reject Ind				y Ind			1	rride Ind	ما		./
				Override Ind				npound In			Y
* '			Prio	Back Ind			Rec	ycle Days	<u> </u>	C	)
HIPAA esc			Cuit	Sack ind							
Program I	ndicato	rs									
Medicaid		Υ		SLH				TDO			
FAMIS		Υ		Assessment	Assessments						
Claim Typ	e				_						
Dental			Υ	Pharmacy	1		Υ	Inpatient			Υ
Nursing				Home Hea	alth		Υ	Outpatie	nt		Υ
Physician			Y	Personal (	Care		Υ	Laborato	ry		Υ
Transportatio	n		Y	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation										
Effective Date Code Effective Date Revision Date											
Media/Dis	positio	n/Pe	nd	Location (	Codes			-			
Media				LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

### Edit/Audit Inquiry Results Edit-569 ESC-569

Edit Information										
Edit Number 569	569	N	CPE	P Cod	е					
Short Desc   SUBMISSION/BILLING ERROR										
Long Desc PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S).										
Edit Criteria This edit is	s a der	nial e	dit submitted	on an encount	er cl	aim.				
General Indicator	'S									
Reject Ind		Deny	y Ind			Ove	erride Ir	nd		
PrtRA Ind		PAC	Override Ind			Cor	npound	d Ind		Υ
Туре	0	Prior				Red	cycle Da	ays		0
HIPAA esc		CutE	Back Ind							
Program Indicato	rs									
Medicaid	Υ		SLH				T	00		
FAMIS	Υ		Assessment	ts						
Claim Type										
Dental		Υ	Pharmacy	,		Υ	Inpatie	ent		Υ
Nursing			Home Hea	alth		Υ	Outpa	tient		Y
Physician		Y	Personal (	Care		Υ	Labora	atory		Y
Transportation		Y	Xover A				Xover	В		
Cap Pay			Man Fee				Admir	1		
Asmt Fee										
Date Information	Date Information									
Effective Date Code			Effectiv	ve Date			Revision	on Date		
Media/Disposition/Pend Location Codes										
Media			LOC		Dis	р				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-570 ESC-570

Edit Inform	nation										
Edit Number	570		esc	Number	570	N	ICPD	P Code			
Short Desc	Pesc NB SVCS INCLUDED W/MOM										
Long Desc	_	WBORN'S SERVICES ARE COVERED IN THE MOTHER'S LOWANCE.									
Edit Criteria	This edit	s edit is a denial edit submitted on an encounter claim.									
General In	dicato	rs									
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA O	verride Ind			Con	npound Inc	d	`	Y
Туре		0	Priorit				Red	ycle Days		(	)
HIPAA esc			CutBa	ack Ind							
Program Ir	ndicato	ors									
Medicaid		Υ	[	SLH				TDO			
FAMIS		Υ	,	Assessment	s						
Claim Type	<b>e</b>										
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	ılth		Υ	Outpatier	nt		Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ſy		Υ
Transportation	n		Y	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforr	nation										
Effective Date	Effective Date Code Effective Date Revision Date										
Media/Disp	Media/Disposition/Pend Location Codes										
Media				LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-571 ESC-571

<b>Edit Inforr</b>	nation											
Edit Number	571		e	sc Number	571	N	ICPE	P Code				
	'				•							
Short Desc	PRIOR F	PROC	APF	PEARS INC	DRRECT							
Long Desc	PAYME! APPEAF				ROCESSING	3 INF	ORM	IATION				
Edit Criteria	This edit	is a d	enial	edit submitte	d on an encou	ınter d	claim					
General Ir	ndicator	'S		_				-				
Reject Ind			Den	y Ind		T	Ove	rride Ind		=	T	
PrtRA Ind				Override Ind			1	npound In	ıd		\	
				rity				ycle Days			C	)
• •				utBack Ind				, ,				
Program I	ndicato	rs										
Medicaid		Υ		SLH				TDO	1			
FAMIS		Υ		Assessmen	ts							
Claim Typ	е			_								
Dental			Y	Pharmacy	/		Υ	Inpatient				Υ
Nursing				Home He	alth		Υ	Outpatie	nt			Υ
Physician			Y	Personal	Care		Υ	Laborato	ry			Υ
Transportation	n		Υ	Xover A				Xover B				
Cap Pay				Man Fee				Admin				
Asmt Fee												
Date Infor	mation											
Effective Date	e Code			Effecti	ive Date			Revision	Date			
Media/Dis	positio	n/Pe	nd	Location (	Codes			-				
Media				LOC		Dis	sp					

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-572 ESC-572

Edit Inforn	nation												
Edit Number	572		es	c Number	572	N	CPD	P Code	Τ				
	•					•			•				
Short Desc PENDING FURTHER REVIEW													
Long Desc THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.													
Edit Criteria This edit is a denial edit submitted on an encounter claim.													
General Indicators													
	arcator		Don	, Ind		T	0,40	erride Ind					
Reject Ind PrtRA Ind			Deny					npound l	nd			Υ	
								cycle Day				0	
HIPAA esc	ype O Priority IIPAA esc CutBack Ind						1100	yole Day	<u> </u>			U	
TIII AA CSC		<u> </u>	Cuib	ack ma									
Program I	ndicato	rs											
Medicaid		Υ		SLH				TDC	)				
FAMIS		Υ		Assessment	S								
Claim Typ	е												
Dental			Υ	Pharmacy		_	Υ	Inpatien	t	_		Υ	
Nursing				Home Hea			Υ	Outpatie				Υ	
Physician			Y	Personal C	Care		Υ	Laborat	ory			Υ	
Transportatio	n		Υ	Xover A				Xover B					
Cap Pay				Man Fee				Admin					
Asmt Fee													
Date Infor	mation												
Effective Date	e Code			Effectiv	ve Date			Revision	Date				
Media/Dis	positio	n/Pe	nd L	ocation (	Codes								
Media				LOC		Dis	p p						

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-573 ESC-573

Edit Information										
Edit Number 573		es	c Number	573	N	CPD	P Code			
Short Desc DEN, INTERIM BILL										
Long Desc CLAIM DENIED. INTERIM BILLS CANNOT BE PROCESSED.										
Edit Criteria This edit is a denial edit submitted on an encounter claim.										
General Indicator	'S									
Reject Ind		Deny	/ Ind			Ove	rride Ind			
PrtRA Ind		PAC	override Ind			Con	npound Ind		Υ	
Туре	0	Prior	ity			Rec	cycle Days		0	
HIPAA esc		CutB	ack Ind							
Program Indicato	rs									
Medicaid	Υ		SLH				TDO			
FAMIS	Υ		Assessment	S						
Claim Type										
Dental		Υ	Pharmacy			Υ	Inpatient		Υ	
Nursing			Home Hea	ılth		Υ	Outpatient		Υ	
Physician		Υ	Personal C	Care		Υ	Laboratory		Υ	
Transportation		Υ	Xover A				Xover B			
Cap Pay			Man Fee				Admin			
Asmt Fee										
Date Information										
Effective Date Code										
Media/Disposition/Pend Location Codes										
Media			LOC		Dis	p				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-574 ESC-574

<b>Edit Inform</b>	nation												
Edit Number	574		е	sc N	lumber	574		NCP	DP Cod	de			
										·			
Short Desc PROC FOR PRIOR PAY NOT FOLWD													
Long Desc CLAIM ADJUSTED. PLAN PROCEDURES OF A PRIOR PAYER WERE NOT FOLLOWED.													
Edit Criteria													
General In	dicator	'S	-		_	_	-	-	-	-	-		
Reject Ind	aroator		Der	v In	d			Ov	erride lı	nd			
PrtRA Ind			1	•	rride Ind				mpoun				
		0			11100 1110				cycle D			C	
Type O Priorit					k Ind							-	
Program li	ndicato	rs											
Medicaid		Υ		SL	.Н				Т	DO			
FAMIS		Υ		As	sessmen	ts							
Claim Type	<b>e</b>					_							
Dental			Y	/ F	harmacy	,		Υ	Inpati	ent			Υ
Nursing				-	Home Hea			Υ	Outpa				Υ
Physician			Y	/ F	Personal (	Care		Υ	Labor	ratory			Υ
Transportatio	n		Y	′ >	Kover A				Xove	r B			
Cap Pay				N	Man Fee				Admii	n			
Asmt Fee													
Date Inforr	mation												
Effective Date	Code				Effecti	ve Date			Revisi	on Date	;		
Media/Dis <sub>l</sub>	oositio	n/Pe	nd	Log	cation (	Codes							
Media					LOC			Disp					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-575 ESC-575

Edit Inform	nation											
Edit Number	575		esc	Number	575	N	CPE	)P Co	de			
			•									
Short Desc APP PROC NOT FOLWD OR TF												
Long Desc		CLAIM DENIED. APPEAL PROCEDURES NOT FOLLOWED OR TIME LIMITS NOT MET.										
Edit Criteria	This edit is a denial edit submitted on an encounter claim.											
General In	dicator	'S		-	_				-			
Reject Ind			Deny	Ind			Ove	rride	Ind			
PrtRA Ind				verride Ind			Cor	npour	nd Ind		,	Y
Туре	oe O Priority						Red	ycle [	Days			0
HIPAA esc			CutBa	ack Ind								
Program Ir	ndicato	rs	-	_	_	-						
Medicaid		Υ		SLH				T	ΓDO			
FAMIS		Υ .		Assessmen	ts							
		_										
Claim Type	9											
Dental			Y	Pharmacy			Υ	Inpat				Υ
Nursing				Home Hea			Υ		atient			Υ
Physician			Y	Personal (	Care		Υ	-	ratory			Υ
Transportation	n		Y	Xover A				Xove				
Cap Pay				Man Fee				Adm	in			
Asmt Fee												
Date Inforr	nation											
Effective Date	Code			Effecti	ve Date			Revis	sion Date			
Media/Disp	ositio	n/Pe	nd L	ocation (	Codes							
Media				LOC		Dis	р					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-576 ESC-576

<b>Edit Inform</b>	nation										
Edit Number	576		esc	c Number	576	N	CPE	)P Code			
						·					
Short Desc PT DOES NOT MATCH ID NO											
Long Desc PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH.											
Edit Criteria This edit is a denial edit submitted on an encounter claim.											
General In	dicato	'S		_							
Reject Ind			Deny	Ind			Ove	erride Ind			
PrtRA Ind			PA O	verride Ind			Cor	npound In	ıd		Υ
Туре								cycle Days	3		0
HIPAA esc			CutBa	ack Ind							
Program lı	ndicato	rs		_							
Medicaid		Υ	[;	SLH				TDO			
FAMIS		Υ	,	Assessmen	ts						
Claim Typ	e			_	-	-	۰	-	-	۰	
Dental		_	Υ	Pharmacy	,		Υ	Inpatient		=	Υ
Nursing				Home Hea			Υ	Outpatie			Y
Physician			Υ	Personal (	Care		Υ	Laborato			Υ
Transportatio	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inform	mation			_	-	-		-	-		
Effective Date	Code			Effecti	ve Date			Revision	Date		
Media/Dis <sub>l</sub>	oositio	n/Pe	nd L	ocation (	Codes						
Media				LOC		Dis	р				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

### Edit/Audit Inquiry Results Edit-577 ESC-577

Edit Inforn	nation													
Edit Number	577			esc	Number	577	N	ICPE	P Code					
	<b>'</b>													
Short Desc DOS SPANS ELIG & INELG PERIODS														
Long Desc		DATES SPANS ELIGIBLE AND INELIGIBLE PERIODS OF COVERAGE.												
Edit Criteria	This edit	nis edit is a denial edit submitted on an encounter claim.												
General In	dicato	rs												
Reject Ind			De	ny l	nd			Ove	rride Ind					
PrtRA Ind			PA	Ov	erride Ind			Cor	npound Ir	nd			Υ	
Туре	O Priority							Red	cycle Days	3			0	
HIPAA esc			Cu	tBa	ck Ind									
Program I	ndicato	ors												
Medicaid		Y		ļ	ELH				TDC	)				
FAMIS		Y		-	Assessment	S			1.50					
				_										
Claim Typ	е													
Dental			,	Υ	Pharmacy			Υ	Inpatient	•			Υ	,
Nursing					Home Hea	alth		Υ	Outpatie				Υ	•
Physician				Υ	Personal C	Care		Υ	Laborato	ry			Υ	
Transportatio	n			Y	Xover A				Xover B				_	
Cap Pay					Man Fee				Admin				_	
Asmt Fee														
Date Information														
Effective Date	e Code				Effectiv	/e Date			Revision	Date	;			
Media/Dis	nositio	n/Pa	and	1.0	ocation C	indes								
	positio	11/1	JIIU		-		Б.							
Media					LOC		Dis	sp						

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-578 ESC-578

Edit Inform	nation										
Edit Number	578		es	c Number	578	N	CPE	P Code			
Short Desc DX INVALID ON DOS											
Long Desc		DIAGNOSIS WAS INVALID FOR THE DATE(S) OF SERVICE REPORTED.									
Edit Criteria	This edit	is a d	enial e	edit submitted	d on an en	counter	claim	۱.			
General In	dicator	'S		_		-		-	-		
Reject Ind	aroutor		Deny	/ Ind			0,40	erride Ind			
PrtRA Ind				verride Ind				npound In	d		Υ
Type		0	Priori					cycle Days			0
HIPAA esc				ack Ind			1.00	,,0,0 2 4,0	<u> </u>		
			0 0.12	<u> </u>							
Program Ir	ndicato	rs									
Medicaid		Υ		SLH				TDO			
FAMIS		Υ		Assessment	s						
Claim Type	<u> </u>			_		-		_	-		
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	ulth		Y	Outpatier	nt		Y
Physician			Y	Personal C			Y	Laborato			Y
Transportation	 n		Y	Xover A				Xover B	- ,		
Cap Pay				Man Fee				Admin			
Asmt Fee											
Data Inform	notion		_			_			_	_	_
Date Inforr											
Effective Date	Code			Effectiv	e Date			Revision [	Jate		
Media/Disp	ositio	n/Pe	nd L	ocation C	odes						
Media				LOC		Dis	р				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-579 ESC-579

Edit Inforn	nation										
Edit Number	579		esc	Number	579	N	ICPD	P Code			
	<b>'</b>				1						
Short Desc PROV CONT NOF OR EXPIRED											
Long Desc PROVIDER CONTRACTED/NEGOTIATED RATE EXPIRED OR NOT ON FILE.											
Edit Criteria	This edit	is a de	enial e	dit submitted	l on an encou	nter	claim.				
General In	dicato	rs									
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA O	verride Ind			Con	npound In	d		Υ
Туре		0	Priori	ty			Rec	ycle Days			0
HIPAA esc			CutBa	ack Ind							
Program I	ndicato	ors									
Medicaid		Υ	;	SLH				TDO			
FAMIS		Υ		Assessment	s						
Claim Typ	е			_	_						
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	alth		Υ	Outpatie	nt		Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ry		Υ
Transportatio	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation										
Effective Date	e Code			Effectiv	ve Date			Revision I	Date		
Media/Dis	pos <u>itio</u>	n/Pe	nd L	ocation C	codes						
Media				LOC		Dis	sp				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-580 ESC-580

<b>Edit Information</b>										
Edit Number 580		es	c Number	580	N	CPD	P Code			
,		-								
Short Desc INFO MISSING FOR PROCESSING										
Long Desc INFO. FROM ANOTHER PROVIDER NOT										
PROVIDED/INSUFFICIENT/INCOMPLETE										
Edit Criteria This edit is	a deni	ial ed	lit submitted o	on an encount	er cla	aim.				
General Indicator	rs									
Reject Ind		Deny	Ind			Ove	rride Ind			
PrtRA Ind	F	PA O	verride Ind			Con	npound In	d	\	Y
Туре		Priori				Rec	ycle Days		C	)
HIPAA esc		CutB	ack Ind							
Program Indicato	ors									
Medicaid	Υ		SLH				TDO			
FAMIS	Y		Assessment	 S			100			
	1.			<u>-</u>						
Claim Type										
Dental		Υ	Pharmacy			Υ	Inpatient			Υ
Nursing			Home Hea	ılth		Υ	Outpatier	nt		Υ
Physician		Υ	Personal C	Care		Υ	Laborato	ry		Υ
Transportation		Y	Xover A				Xover B			
Cap Pay			Man Fee				Admin			
Asmt Fee										
Date Information										
Effective Date Code			Effectiv	ve Date			Revision [	Date		
Media/Dispositio	Media/Disposition/Pend Location Codes									
Media			LOC		Dis	р				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-581 ESC-581

Edit Information									
Edit Number 581		es	c Number	581	N	CPE	OP Code		
·							·		
Short Desc UNGROUPABLE DRG									
Long Desc CLAIM D	ENIE	D; UI	NGROUPAB	LE DRG					
Edit Criteria This edit	is a de	enial e	edit submitted	on an encoun	ter cl	laim.			
General Indicator	'S		_	_			_		
Reject Ind		Deny	/ Ind		Т	Ove	erride Ind		
PrtRA Ind			verride Ind				mpound Ind		Υ
Туре	0	Prior	ity			Rec	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicato	rs								
Medicaid	Υ		SLH				TDO		
FAMIS	Υ		Assessment	S					
Claim Type									
Dental		Y	Pharmacy			Υ	Inpatient		Y
Nursing			Home Hea			Υ	Outpatient		Y
Physician		Y	Personal C	Care		Υ	Laboratory		Y
Transportation		Y	Xover A				Xover B		
Cap Pay			Man Fee				Admin		
Asmt Fee									
Date Information									
Effective Date Code			Effectiv	ve Date			Revision Da	te	
Media/Dispositio	n/Pe	nd L	ocation C	codes					
Media			LOC		Dis	p			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-582 ESC-582

Edit Information									
Edit Number 582		es	c Number	582	N	CPE	OP Code		
Short Desc NON-COVERED VISITS									
Long Desc NON-COVERED VISITS.									
Edit Criteria This edit	is a d	enial	edit submitted	d on an encou	nter	claim	1.		
General Indicator	'S								
Reject Ind Deny Ind Override Ind									
PrtRA Ind		PAC	verride Ind			Cor	mpound Ind		Y
Туре	0	Prior	ity			Red	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicato	rs								
Medicaid	Υ		SLH				TDO		
FAMIS	Υ		Assessment	s					
Claim Type			_	_			_	-	_
Dental Dental		Y	Dharmasu			Υ	Innationt		Υ
Nursing		T	Pharmacy Home Hea	alth		Υ	Inpatient Outpatient		Y
Physician		Y	Personal C			Ϋ́	Laboratory		Y
Transportation		Y	Xover A				Xover B		
Cap Pay			Man Fee				Admin		
Asmt Fee									
Date Information			_	_			_		
Effective Date Code			Effectiv	ve Date			Revision Da	ate	
Media/Dispositio	n/Pe	nd L	ocation C	codes					
Media			LOC		Dis	p			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-583 ESC-583

Edit Inforn	nation										
Edit Number	583		esc	Number	583	N	ICPD	P Code			
	_							•			
Short Desc COV GUDLES NOT MET OR EXCEEDED											
Long Desc COVERAGE/PROGRAM GUIDELINES WERE NOT MET OR WERE EXCEEDED.											
Edit Criteria	This edit	is a de	nial ed	dit submitted	on an encoun	ter c	claim.				
General In	dicato	rs			_						
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA O	erride Ind			Con	npound In	d		Υ
Туре		0	Priorit	<u> </u>			Rec	ycle Days			0
HIPAA esc			CutBa	ack Ind							
Program I	ndicato	rs									
Medicaid		Υ		SLH				TDO			
FAMIS		Υ	A	Assessment	S						
Claim Typ	<u> </u>			_	_			-	-		
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing			-   -	Home Hea	ılth		Υ .	Outpatier	nt		Y
Physician			Υ	Personal C			Υ	Laborato			Υ
Transportatio	n		Υ	Xover A				Xover B	<u>,                                      </u>		
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation			-	-			-			
Effective Date	e Code			Effectiv	ve Date			Revision I	Date		
Media/Dis	positio	n/Pe	nd L	ocation C	codes						
Media				LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-584 ESC-584

Edit Inforn	nation										
Edit Number	584		esc	Number	584		NCPE	)P Code			
	- I				1						
Short Desc	ADJ PYI	MT, T	YPE C	F PROVIDI	ER						
Long Desc	PAYMEI TYPE O			STED WHE	EN PERFC	RMED	)/BILL	.ED BY TI	HIS		
Edit Criteria	This edit	is a de	enial e	dit submitte	d on an end	counter	claim				
General In	dicato	rs									
Reject Ind			Deny	Ind			Ove	erride Ind			
PrtRA Ind			PA O	verride Ind			Cor	npound In	d	Υ	
Туре		0	Priori	ty			Rec	cycle Days	3	0	
HIPAA esc			CutBa	ack Ind							
Program I	ndicato	ors									
Medicaid		Υ	,	SLH				TDO			
FAMIS		Υ		Assessmen	ts						
Claim Typ	е										
Dental			Υ	Pharmacy	′		Υ	Inpatient		,	Υ
Nursing				Home Hea	alth		Υ	Outpatie	nt	'	Υ
Physician			Υ	Personal (	Care		Υ	Laborato	ry	,	Υ
Transportatio	n		Y	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inform	mation										
Effective Date	e Code			Effecti	ve Date			Revision I	Date		
Media/Dis	positio	n/Pe	nd L	ocation (	Codes						
Media				LOC		Di	sp		T		

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-585 ESC-585

Edit Inforn	nation										
Edit Number	585		esc	Number	585	N	ICPD	P Code			
	•							1			
Short Desc	PROV N	OT C	ERT/E	LIG ON DO	S						
Long Desc	PROVID DATE O				LIGIBLE FOR	TH	IS SE	RVICE C	N		
Edit Criteria	This edit	is a de	enial ed	dit submitted	l on an encoun	ter o	claim.				
General In	dicato	'S									
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA Ov	erride Ind			Con	npound Ind	d	Y	,
Туре		0	Priorit	•			Rec	ycle Days		0	j
HIPAA esc			CutBa	ick Ind							
Program I	ndicato	rs									
Medicaid		Υ	5	SLH				TDO			
FAMIS		Υ	F	Assessment	s						
Claim Typ	<b>e</b>					ė					
Dental			Υ	Pharmacy		=	Υ	Inpatient			Υ
Nursing				Home Hea	ılth		Υ	Outpatien	ıt		Υ
Physician			Υ	Personal C	Care		Υ	Laborator	-y		Υ
Transportatio	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation										
Effective Date	Code			Effectiv	ve Date			Revision D	Date		
Media/Dis <sub> </sub>	positio	n/Pe	nd L	ocation C	codes						
Media				LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-586 ESC-586

Edit Inforn	nation											
Edit Number	586			esc	Number	586	N	ICPI	OP Cod	е		
	•		•									
Short Desc	ALT SV	CAV	AIL,	NC	T UTILIZE	D						
Long Desc	NOT CO BUT NO				•	LTERNATIV	/E SE	RVI	CES AV	/AILAE	BLE	
Edit Criteria	This edit	is a d	lenia	al e	dit submitted	d on an enco	unter	claim	۱.			
General In	dicator	'C			_	_			-	-		
Reject Ind	laicatoi		De	מא	Ind		$\overline{}$	0.46	erride In	nd .		
PrtRA Ind			_		rerride Ind			+	npound			Υ
Туре		0	Pri					-	cycle Da			 0
HIPAA esc					ack Ind				-,	, -		_
Program I	ndicato	rs										
Medicaid		Υ		5	SLH				TE	00		
FAMIS		Υ		/	Assessment	s						
Claim Typ	e											
Dental			-	Y	Pharmacy	,		Υ	Inpatie	ent ent		Υ
Nursing				<u> </u>	Home Hea			<u>'</u>	Outpa			Y
Physician			,	Υ	Personal (			Y	Labora			Y
Transportation	on		,	Υ	Xover A				Xover			
Cap Pay					Man Fee				Admin	1		
Asmt Fee												
Date Infor	mation											
Effective Date	e Code				Effectiv	ve Date			Revisio	on Date	;	
Media/Dis	nositio	n/Pe	nd		ocation (	`odos						
	Positio	1/1 6	mu				F :					
Media					LOC		Dis	p				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

Edit/Audit	Inquiry	Results	<b>Edit-587</b>
ESC-587			

<b>Edit Inforn</b>	nation										
Edit Number	587		es	c Number	587	N	ICPD	P Code			
			•			•			•		
Short Desc	PT ENR	OLLE	DIN	HOSPICE							
Long Desc				OVERED BI OSPICE.	ECAUSE TH	E PA	TIEN	IT IS			
Edit Criteria	This edit	is a d	enial e	edit submitte	d on an encou	unter	claim	).			
General In	dicator	re l		_				-			
	laicatoi	3	Dan	. In al		_	0	ام ما ما ما			
Reject Ind			Deny			+	1	erride Ind	I		\ <u></u>
PrtRA Ind		0	1	verride Ind				npound Ir			Y
Type HIPAA esc		0	Priori				Rec	cycle Days	5		0
HIPAA esc			Cuib	ack Ind							
Program I	ndicato	rs									
Medicaid		Υ		SLH				TDC	)		
FAMIS		Υ		Assessment	is						
Claim Typ	е										
Dental			Υ	Pharmacy	,		Υ	Inpatient	<u> </u>		Υ
Nursing				Home Hea			Υ	Outpatie			Υ
Physician			Y	Personal C	Care		Υ	Laborato	ory		Υ
Transportatio	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inform	mation										
Effective Date	e Code			Effectiv	ve Date			Revision	Date		
Media/Dis	positio	n/Pe	nd L	ocation (	Codes		ė				
Media				LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-588 ESC-588

Edit Inforn	nation										
Edit Number	588		esc	Number	588	N	CPD	P Code			
	•		•			,					
Short Desc	СОМРО	NEN	r OF B	ASE PROC	PAID						
Long Desc				DUCED, A ( T WAS PAID	COMPONEN <sup>T</sup>	TOF	THE	BASIC			
Edit Criteria	This edit	is a de	enial ed	dit submitted	on an encour	nter c	claim.				
General In	dicato	rs		-	_			-			
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA O	verride Ind			Con	npound In	d	Y	
Туре		0	Priorit	У			Rec	ycle Days	;	0	
HIPAA esc			CutBa	ack Ind							
Program I	ndicato	ors									
Medicaid		Υ		SLH				TDO			
FAMIS		<u>'</u> Ү		Assessment	 S			100			
Claim Typ	е										
Dental			Υ	Pharmacy			Υ	Inpatient			Υ
Nursing				Home Hea	ılth		Υ	Outpatier	nt	,	Υ
Physician			Y	Personal C	Care		Υ	Laborato	ry	,	Υ
Transportatio	n		Y	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Infor	mation				_	۰	۰				
Effective Date	e Code			Effectiv	ve Date			Revision [	Date		П
Media/Dis	positio	n/Pe	nd L	ocation C	codes						
Media				LOC		Dis	p				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-589 ESC-589

Edit Inform	ation									
Edit Number	589		esc	Number	589	N	ICPD	P Code		
	1							•		
Short Desc	TRANS	TOPF	ROPE	R PAYER F	OR PYMT					
Long Desc	CLAIM T FOR PR				E PROPER P	PAYI	ER/P	ROCESS	OR	
Edit Criteria	This edit	is a de	enial e	dit submitted	l on an encour	nter	claim			
General In	dicato	rs								
Reject Ind			Deny	Ind			Ove	rride Ind		
PrtRA Ind			PA O	verride Ind			Con	npound In	d	Υ
Туре		0	Priorit				Rec	ycle Days		0
HIPAA esc			CutBa	ack Ind						
Program Ir	ndicato	ors								
Medicaid		Υ	[;	SLH				TDO		
FAMIS		Υ	,	Assessment	s					
Claim Type	)			_	_					
Dental			Υ	Pharmacy			Υ	Inpatient		Υ
Nursing				Home Hea	ılth		Υ	Outpatier	nt	Υ
Physician			Υ	Personal C	Care		Υ	Laborato	ry	Υ
Transportation	1		Y	Xover A				Xover B		
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Inform	nation									
Effective Date	Code			Effectiv	e Date			Revision I	Date	
Media/Disp	ositio	n/Pe	nd L	ocation C	odes					
Media				LOC		Dis	sp			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-590 ESC-590

<b>Edit Inform</b>	ation									
Edit Number	590		es	sc Number	590	N	CPE	)P Code		
					·					
Short Desc	SVC NC	OT DO	DC IN	PTS MED R	EC					
Long Desc	SERVIC	CESI	I TOI	OOCUMENT	ED IN PATIEN	NTS'	MEI	DICAL RE	CORDS.	
Edit Criteria	This edit	t is a c	denia	edit submitte	d on an encou	nter	clain	n.		
General Inc	dicator	<b>'</b> e	-	_	_	-	-	_	_	_
	aicatoi		Don	v Ind		Т	0,40	erride Ind		
Reject Ind PrtRA Ind			1	y Ind Override Ind				npound In		Y
Type		0	Prio				+	cycle Days		0
HIPAA esc				Back Ind				., o.o = o., o	<u> </u>	
Program Ir	ndicato	rs								
Medicaid		Υ		SLH				TDO		
FAMIS		Υ		Assessment	ts					
Claim Type	<b>)</b>			_	_					
Dental			Υ	Pharmacy	1		Υ	Inpatient		Υ
Nursing				Home Hea			Υ	Outpatie	nt	Y
Physician			Y	Personal (	Care		Υ	Laborato	ry	Y
Transportation	1		Y	Xover A				Xover B		
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Inforn	nation									
Effective Date	Code			Effectiv	ve Date			Revision I	Date	
Media/Disp	ositio	n/Pe	nd l	Location (	Codes					
Media				LOC		Dis	р			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-591 ESC-591

Edit Information									
Edit Number 591		es	c Number	591	N	CPE	OP Code		
Short Desc DUPLIC	ATE								
Long Desc PREVIC	USL	/ PAII	D						
Edit Criteria This edit	is a d	enial e	edit submitted	d on an encou	nter	claim	<b>).</b>		
General Indicator	'S								
Reject Ind		Deny	/ Ind			Ove	erride Ind		
PrtRA Ind		PA C	verride Ind			Cor	mpound Ind		Y
Туре	0	Prior	ity			Red	cycle Days		0
HIPAA esc		CutB	ack Ind						
Program Indicato	rs								
Medicaid	Υ		SLH				TDO		
FAMIS	Υ		Assessment	S					
Claim Type			_	_			_		
Dental		Υ	Pharmacy			Υ	Inpatient		Υ
Nursing			Home Hea	ılth		Υ	Outpatient		Y
Physician		Υ	Personal C	Care		Υ	Laboratory	,	Y
Transportation		Y	Xover A				Xover B		
Cap Pay		_	Man Fee			_	Admin		
Asmt Fee									
Date Information									
Effective Date Code			Effectiv	ve Date			Revision Da	ate	
Media/Dispositio	n/Pe	nd L	ocation C	odes					
Media			LOC		Dis	р			

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

## Edit/Audit Inquiry Results Edit-592 ESC-592

<b>Edit Inforr</b>	nation											
Edit Number	592		E	esc	Number	592	N	ICPD	P Code			
									<u> </u>			
Short Desc	ONE VIS	IT/C	ONS	UL	T PER PHY	PER DAY						
Long Desc DENIED BECAUSE ONLY ONE VISIT OR CONSULTATION PER PHYSICIAN PER DAY.												
Edit Criteria	This edit	is a de	enial	ed	lit submitted	on an encou	unter	claim.				
General Ir	ndicator	'S		i	-	-			-			
Reject Ind			Dei	าy l	nd			Ove	rride Ind			
PrtRA Ind			РΑ	Ov	erride Ind			Con	npound Ind	t	,	Υ
Туре		0	Pric	ority	у			Red	ycle Days			0
HIPAA esc			Cut	Ва	ick Ind							
Program I	ndicato	rs										
Medicaid		Υ		S	SLH				TDO			
FAMIS		Υ		Α	Assessments	3						
Claim Typ	е											
Dental			\	Y	Pharmacy			Υ	Inpatient			Υ
Nursing					Home Hea	lth		Υ	Outpatien	ıt		Υ
Physician				Y	Personal C	are		Υ	Laborator	у		Υ
Transportation	n			<u> </u>	Xover A				Xover B			
Cap Pay			_		Man Fee				Admin			
Asmt Fee												
Date Infor	mation											
Effective Date	e Code				Effectiv	e Date			Revision D	ate		
Media/Dis	positio	n/Pe	nd	Lo	ocation C	odes						
Media					LOC		Dis	sp				

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

### Edit/Audit Inquiry Results Edit-593 ESC-593

Edit Inforr	nation									
Edit Number	593		es	c Number	593	N	ICPE	P Code		
			•			,		·		
Short Desc	PROC/S	VC N	OT PI	O SEPARAT	ELY					
Long Desc	PYMT AI NOT PAI			BECAUSE T ATELY.	HIS PROCE	EDUR	RE/SE	ERVICE IS		
Edit Criteria	This edit	is a de	enial e	dit submitted	on an encou	ınter c	claim.			
General Ir	ndicato	'S								
Reject Ind			Deny	/ Ind			Ove	erride Ind		
PrtRA Ind			PA O	verride Ind			Cor	npound Inc	l	Υ
Туре		0	Prior	ity			Red	cycle Days		0
HIPAA esc			CutB	ack Ind						
Program I	ndicato	rs								
Medicaid		Υ		SLH				TDO		
FAMIS		Υ		Assessment	S					
Claim Tyn	20								_	
	e		T	1			T	I		
			Y		111			1		_
								· ·		
	<u> </u>				are		Y	1	У	Y
-	ווכ		- 1							
				IVIAITT CC				/ COTTIET		
								l		
Date Infor	mation									
Effective Dat	e Code			Effectiv	ve Date			Revision D	ate	
Media/Dis	positio	n/Pe	nd L	ocation C	codes					
Media				LOC		Dis	sp			
Reject Ind PrtRA Ind Type HIPAA esc Program I Medicaid FAMIS Claim Typ Dental Nursing Physician Transportatio Cap Pay Asmt Fee Date Infor Effective Dat Media/Dis	ndicato  e  mation e Code	O Y Y	PA C Priori CutB	Pharmacy Home Hea Personal C Xover A Man Fee  Effective	alth Care ve Date	Dis	Y Y	TDO Inpatient Outpatien Laborator Xover B Admin	t y	

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-594 ESC-594

Edit Inform	nation												
Edit Number	594		(	esc	Number	594	N	NCPE	P Cod	е			
	•						•			•			
Short Desc	NOMD	RX, F	PRIC	)R	TO DEL, OF	RXINV							
Long Desc	NOT PR PRESC				BY DOCTO	OR, PRIOF	R TO DI	ELIV	ERY, C	)R			
Edit Criteria	This edit	is a c	denia	al e	dit submitted	d on an end	counter	claim	۱.				
General In	dicator	'S						۰					
Reject Ind			De	ny	Ind			Ove	erride In	nd			
PrtRA Ind			РА	Ō۷	erride Ind			Cor	npound	d Ind	\	Y	
Туре		0	Pri	orit	у			Red	ycle Da	ays	(	)	
HIPAA esc			Cu	tBa	ack Ind								
Program In	ndicato	rs											
Medicaid		Υ		5	SLH				TE	00			
FAMIS		Υ		1	Assessment	s							
Claim Type	е												
Dental			1	Y	Pharmacy			Υ	Inpatie	ent		Υ	
Nursing					Home Hea	ılth		Υ	Outpa	tient		Υ	
Physician			,	Y	Personal C	Care		Υ	Labora	atory		Υ	
Transportation	n			Y	Xover A				Xover	В			
Cap Pay					Man Fee				Admir	1			
Asmt Fee													
Date Inform	mation												
Effective Date	Code				Effectiv	e Date			Revision	on Date			
Media/Disp	positio	n/Pe	end	L	ocation C	odes							
Media					LOC		Dis	sp					

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

## Edit/Audit Inquiry Results Edit-595 ESC-595

<b>Edit Inform</b>	ation									
Edit Number	595		es	sc Number	595	N	CPE	OP Code		
Short Desc	CPT/MC	'NI D	VALII	O ON DOS						
Long Desc	PROCE	DUR	E CO	DE/MODIFIE	R INVALID (	ON D	ATE	OF SER\	/ICE	
Edit Criteria	This edit	is a d	enial	edit submitted	d on an encou	inter	claim	١.		
General Inc	dicator	'S						-	-	-
Reject Ind			Den	y Ind		Т	Ove	erride Ind		
PrtRA Ind			<u> </u>	Override Ind			Cor	mpound In	d	Υ
Туре		0	Prior	rity			Red	cycle Days		0
HIPAA esc			CutE	Back Ind						·
Program Ir	ndicato	rs								
Medicaid		Υ		SLH				TDO		
FAMIS		Υ		Assessment	S					
Claim Type	9									
Dental			Υ	Pharmacy			Υ	Inpatient		Υ
Nursing				Home Hea	alth		Υ	Outpatie	nt	Y
Physician			Y	Personal C	Care		Υ	Laborato	ry	Y
Transportation	1		Y	Xover A				Xover B		
Cap Pay				Man Fee				Admin		
Asmt Fee										
Date Inforn	nation									
Effective Date	Code			Effectiv	ve Date			Revision I	Date	
Media/Disp	ositio	n/Pe	nd L	_ocation C	Codes					
Media				LOC		Dis	р			

Paper			
EMC			
Adjustment			
POS			
Encounter		9	
Special Batch			
PA			
Programa			_
Programs			
(None)			
Exceptions			_
None			
Resolution	_	_	_
(None)			

# Edit/Audit Inquiry Results Edit-596 ESC-596

Edit Inform	nation										
Edit Number	596		esc	Number	596	N	CPD	P Code			
								•			
Short Desc	SVC PA	R OR	FULL	FURN BY	OTHER PRV						
Long Desc	SERVIC PROVID		S PAI	RTIALLY OI	R FULLY FUF	RNIS	HED	BY ANO	THER		
Edit Criteria	This edit	is a d	enial e	dit submitte	d on an encou	ınter	claim	۱.			
General In	dicator	'S			_						
Reject Ind			Deny	Ind			Ove	rride Ind			
PrtRA Ind			PA O	erride Ind			Con	npound In	d	Υ	
Туре		0	Priorit	у			Rec	ycle Days	•	0	
HIPAA esc			CutBa	ack Ind							
Program Ir	ndicato	rs									
Medicaid		Υ	5	SLH				TDO			
FAMIS		Υ	A	Assessment	s						
Claim Type	<b>e</b>										
Dental			Υ	Pharmacy			Υ	Inpatient		Υ	
Nursing				Home Hea	alth		Υ	Outpatier	nt	Υ	
Physician			Υ	Personal C	Care		Υ	Laborato	ry	Υ	
Transportation	n		Υ	Xover A				Xover B			
Cap Pay				Man Fee				Admin			
Asmt Fee											
Date Inforr	nation										
Effective Date	Code			Effectiv	ve Date			Revision I	Date		
Media/Disp	ositio	n/Pe	nd L	ocation C	codes						
Media				LOC		Dis	р				

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

# Edit/Audit Inquiry Results Edit-597 ESC-597

<b>Edit Inform</b>	ation										
Edit Number	597		esc	Number	597	N	CPD	P Code			
	•		•					'			
Short Desc	ADJ PY	MT, B	ASED	ON DX							
Long Desc	THIS PA	YME	NTIS	ADJUSED	BASED ON	THE	DIAG	SNOSIS.			
Edit Criteria	This edit	is a d	enial e	dit submitte	d on an enco	unter	claim	۱.			
General Inc	dicator	'S		_	_						
Reject Ind			Deny	Ind		T	Ove	erride Ind		T	
PrtRA Ind								npound Ind		Y	,
Туре						cycle Days		0			
HIPAA esc			CutBa					<u>, , , , , , , , , , , , , , , , , , , </u>			
Program Ir	idicato	rs									
Medicaid		Υ	5	SLH				TDO			
FAMIS		Υ	P	Assessment	S						
Claim Type		-							_		
	,		- I	T				l			
Dental			Y	Pharmacy	111		Υ	Inpatient			Υ
Nursing			Y	Home Hea			Y	Outpatient			Y Y
Physician Transportation	<u> </u>		Y	Personal C Xover A	zare		Y	Laboratory Xover B	/		Y
Cap Pay	<u> </u>			Man Fee				Admin			
Asmt Fee				Iviairi cc				/ tarriir			
Date Inforn	nation										
Effective Date	Code			Effectiv	e Date			Revision D	ate		
Media/Disp	ositio	n/Pe	nd Lo	ocation C	odes						
Media				LOC		Dis	p				

	1		
Paper			
EMC			
Adjustment			
200			
POS			
Encounter		9	
Special Batch			
PA			
Programs			
(None)			
Exceptions			
None			
Resolution			
(None)			

## Edit/Audit Inquiry Results Edit-598 ESC-598

<b>Edit Inforr</b>	nation											
Edit Number	598		е	esc	Number	598	N	ICPD	P Cod	е		
	•					'				•		
Short Desc	FAILUR	E OF	PRC	)FI	CIENY TES	STING						
Long Desc	PROVID PROGRA		AILE	ΞD	AN ASPEC	CT OF A PRO	FICI	ENC	Y TES	TING		
Edit Criteria	This edit	is a d	enial	ed	lit submitted	l on an encou	ınter	claim				
General In	ndicator	<b>'</b> C				_			-			
	rai cator		Dor	ov I	nd		т	0,40	rride In	vd.		
Reject Ind PrtRA Ind			Deny Ind PA Override Ind					1				Υ
		0	Pric						npound			0
Type HIPAA esc			-		ck Ind			Rec	Recycle Days			ļu
TIFAA esc			Cui	Ба	CK IIIU							
Program I	ndicato	rs										
Medicaid		Υ		S	SLH				T	00		
FAMIS		Υ		Α	Assessment	s						
Claim Typ	е					_						
Dental			<u> </u>	Y	Pharmacy		_	Υ	Inpatie	ent	_	Υ
Nursing					Home Hea	ılth		Υ	Outpa			Y
Physician			)	Y	Personal C	Care		Υ	Labora	atory		Υ
Transportation	n		١	Y	Xover A				Xover	В		
Cap Pay					Man Fee				Admin	)		
Asmt Fee												
Date Infor	mation											
Effective Date	e Code				Effectiv	e Date			Revisio	on Dat	е	
Media/Dis	positio	n/Pe	nd	Lo	ocation C	codes		ė				
Media					LOC		Dis	sp			T	

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		

Edit/Audit	Inquiry	Results	<b>Edit-599</b>
ESC-599			

<b>Edit Inform</b>	ation									
Edit Number	599		es	sc Number	599	N	CPE	OP Code		
Short Desc	Other Do	enial l	Reas	on						
Long Desc	Other Do	enial l	Reas	on						
Edit Criteria	This edit	isac	lenial	edit submitte	d on an encou	inter	clain	n.		
General Inc	dicator	'S								
Reject Ind			Den	y Ind			Ove	erride Ind		
PrtRA Ind			PAC	Override Ind			Cor	mpound li	nd	Υ
Туре		0	Prio	rity			Red	cycle Day	s	0
HIPAA esc			CutE	Back Ind						
Program Ir	ndicato	rs								
Medicaid		Υ		SLH				TDC	)	
FAMIS		Y		Assessment	S					
Claim Type	)									
Dental			Υ	Pharmacy			Υ	Inpatien	t	Υ
Nursing				Home Hea	ılth		Υ	Outpatie	ent	Υ
Physician			Y	Personal C	Care		Υ	Laborate	ory	Υ
Transportation	1		Y					Xover B		
Cap Pay			_	Man Fee				Admin		
Asmt Fee										
Date Inforn	nation									
Effective Date	Code			Effectiv	ve Date			Revision	Date	
Media/Disp	ositio	n/Pe	nd I	Location C	odes					
Media				LOC		Dis	р			
									,	

Paper		
EMC		
Adjustment		
POS		
Encounter	9	
Special Batch		
PA		
Programe	 	
Programs		
(None)		
Exceptions		
None		
Resolution		
(None)		